

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF WELFARE

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Bulletin No. 38

1929

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# IN PLACE OF A PARENT

## The A B C of Foster Family Care for Children

Blanche J. Paget



Issued by

Bureau of Children

Harrisburg, Pa.



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## LETTER OF TRANSMITTAL

HON. E. GRACE McCAULEY, Secretary,  
Department of Welfare,  
Commonwealth of Pennsylvania,  
Harrisburg, Pennsylvania.

*My dear Mrs. McCauley:*

In spite of the fact that the technique of child placing cannot be learned from the mere reading of a book, there has been a long felt need for a popular discussion of the fundamental principles of placing children in foster families. To write such a pamphlet required both time and a very specialized training and experience. The Bureau's limited staff with many responsibilities felt it could not attempt the task at this time. We turned, therefore, for advice to the Child Welfare Division of the Public Charities Association of Pennsylvania which very generously agreed to assist us in securing some one to write the pamphlet and in calling together a State-wide committee to help plan the project.

As a result of this co-operation, the Children's Bureau of Philadelphia offered the services of one of its staff members, Mrs. Blanche J. Paget, whose special training and long experience in the child placing field peculiarly fitted her for the work. She is the author of the present bulletin which has been carefully reviewed and passed upon by the committee, both individually and in several general meetings.

We believe, therefore, thanks to Mrs. Paget, the Children's Bureau, the Public Charities Association, and its committee, that we are able to publish as one of our departmental bulletins a valuable contribution to the field of foster family care in Pennsylvania.

Respectfully yours,

MARY S. LABAREE,  
*Director,*  
*Bureau of Children.*

## INTRODUCTION

This handbook is intended for the use of all who receive for care children who cannot remain with their own families, and as a special aid to those engaged in placing children in foster family homes. Many institutions do more or less of such placement; all of them receive children under the same conditions as do child-placing agencies. It is hoped that this outline of principles and practice may prove useful to officials of children's homes, poor law officials and others who place children incidentally, as well as to the representatives of child-placing societies. The aim has been to adapt it to the needs of agencies depending wholly or in part on untrained and volunteer service.

The ground to be covered has been well broken. Notable pioneers have preceded us in both institutional and family placement fields. Well defined standards for the reception of children and for their care have been evolved. This is merely an attempt to set down what has been learned through many years of experience and careful experiment, in a simple and concise form and with particular regard to the needs and problems of the Commonwealth of Pennsylvania.

J. PRENTICE MURPHY

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# I. FOUNDATIONS

## LABELS

The law classifies children who come under its protection. One whose family cannot support him or who has lost his family is "dependent." If his parents wilfully fail to provide for him or treat him cruelly, he is "neglected." If in response to a bad situation he rebels or breaks some law, he is "delinquent." In reality these classifications are vague and overlapping. As definitions they are both inaccurate and dangerous. Labels have a way of sticking and if there is one thing that needs emphasis more than another, it is that situations and persons are too complex to be readily explained, blamed or classified.

## CAUSES

There is a common impression that the majority of dependent children are orphans. This may have been true at a time when premature death was more common, but at the present day the full orphan is rare in social work. The foundling with no known relatives is equally unusual, and cases of abandonment by parents of children not already in care of some agency are not common. Parents so immoral or incompetent that they should under no circumstances care for their children are the exception. Nor would the unmarried mother swell very largely the number of dependent children if she could always obtain adequate support for her child without parting with it.

An inspection of applications to almost any children's agency would show a number of children who must be provided for temporarily, and a few permanently, because of the physical or mental disability of parents. Many applications would be the result of poverty, usually complicated by sickness and unemployment. A surprising number would be the direct or indirect outcome of the separation of parents or of the desertion of one parent.

## THE FIRST LINE OF DEFENSE

Child welfare work should begin with the assumption that the home is the basis of our social fabric and the right and natural setting for any child. Efforts to aid children which ignore this are unsound and not true expressions of child welfare. The preservation of the child's own home should be our first aim. It is better to prevent an orphan than to care for one. Efforts to prolong life through improved health and accident prevention are even more fundamental than the provision of Workmen's Compensation and Mothers' Assistance for children deprived of their fathers. The recognition that any reasonably good



mother left without her husband is the best and most economical caretaker for her children marks an immense advance over the orphanage. We are far from having covered all this ground as yet, but we are well on our way. We must now press forward to the solution of such problems as better marriage laws, education for parenthood, and other measures tending to increase the stability of family life.

On the side of poverty, efforts to lessen unemployment, to raise the level of wages, and to improve housing must be recognized as more vital to the children of the future than any amount of provision for the care of children away from their own homes. For the children of the present, the first lines of defense are the family or children's agency which maintains the home; the mental health clinic that helps to adjust the child in his home; the hospital which returns the worker to his job; and the juvenile court which straightens out the wayward child in his own home.

#### WHERE FOSTER CARE COMES IN

The child-caring agency should see itself in the light of a reserve to be called upon when all else fails. *Separation of a child from his family should be a last resort.* But if families are not to be broken up unnecessarily, there must be close working relationships between child caring agencies and the public and private organizations which aim to protect the home from disaster. The condition so often found where more funds are available for child care than for help to the home must be met and overcome. The mother who hesitates to accept relief to enable her to keep her home together must be educated to see that it is far more self-respecting to do so than to be willing to part with her children. We ourselves must learn to discern those qualities which, even in a poor home, may transcend any artificial substitute.

#### IF WE MUST TAKE CHILDREN

In spite of every effort to preserve the home, a certain number of children must be cared for away from their own families. Once it was deemed enough if these unfortunates were kept alive and saved from the worst forms of suffering. Now we are beginning to see that true child welfare means the provision, for every such child, of those things which his own home should have given him.

Let us make that abstraction, the "dependent child," concrete by imagining that by some not incredible freak of fortune he is your child or mine, and then ask ourselves what is the least we should demand for him. That "least" which he would need is just what every child needs, as much for the good of society as for that of the individual concerned.

We should try to secure these things for him if possible in his own



home. Even when his own home cannot give him all that he needs in a material way, it may supply certain intangible spiritual qualities of inestimable value. If we are forced to remove him from his own home, certainly we must seek these essentials in whatever other home we place him.

### WHAT EVERY CHILD SHOULD HAVE

1. *Security*—A feeling of stability and of belonging and counting for something in other lives.
2. *Family life*—A chance to live in a normal family group of differing ages without being crushed by numbers; to develop mutual attachments and a sense of responsibility for others and for the work of running a household.
3. *Proper food*—This means three square meals a day of simple, well prepared, nutritious food adapted to the age of the child, served at regular hours, in attractive surroundings, and eaten leisurely in a happy atmosphere.
4. *Adequate shelter*—A clean, light, well ventilated, well-kept house, properly heated in winter, with sanitary toilet facilities. The child should have a separate bed and a place for private possessions and to entertain friends.
5. *Comfortable clothing*—Clean, whole, attractive garments that fit and are individually owned; sufficient changes for cleanliness; protection against inclement weather.
6. *Health habits*—Individual toilet articles, frequent baths and proper care of teeth; regular bed time and plenty of sleep; abundance of fresh air and pure drinking water; several hours of outdoor play each day. Definite teaching of health rules and of wholesome, happy, courageous attitudes. Sensible instruction in sex matters.
7. *Educational essentials*—Attendance at a community school of good standards in accordance with legal requirements, and as much longer as the child's capacities warrant.
8. *Vocational training*—Development of each child's fullest capacities through high school, commercial or trade-school training in line with special abilities. Sufficient preparation for life work in all cases to lift the child above the ranks of casual, unskilled labor. Direction along vocational lines.
9. *Recreation*—A safe, clean, roomy place for outdoor and indoor play; suitable play material and tools; sympathetic supervision.
10. *Community life*—A part in community group activities and festivities. The opportunity to make friends in natural ways through entertaining and being entertained. Normal neighborhood contacts and wholesome intercourse between the sexes.
11. *Moral and religious training*—Attendance at religious services. Positive teaching of standards of right and wrong aside from measures of discipline. Daily contact with adults of sound character and inspiring personality.

To give these things to every child whom we receive into our care may seem like a large order. But the task is simple compared to dealing with the adult incompetency and delinquency which result in a large number of cases when we fail to do so. It is not too much to say that the child-caring group which is unable to give these character and health building essentials to the children it receives into its care had better withdraw from the field, or limit its activities to fewer children.

## II. AT THE DOOR

Enough has been said to show that shouldering the responsibility for the care of a child is a serious business, not to be entered upon lightly or carelessly. The place to avoid mistakes is at the door. It is easier to keep a home together than to reconstruct it, once the ties are broken. Temporary care to tide over a supposed crisis is too apt to prove permanent—the emergency becomes chronic, as maladies have a way of doing when not properly treated. To accept a child merely because someone so asks is as illogical and as likely to lead to bad results as if a physician were to let a patient make his own diagnosis and prescribe for himself. Were a major operation involved, this would be regarded as criminal. Removing a child from his home is a major operation. Only those should presume to undertake it who are better qualified to judge the need than is the suffering family. The decision should rest, not on what the applicants say they need, but on what the facts show.

Each application must be judged on its own merits, but experience has shown that there are certain typical situations in which foster care is unnecessary and even harmful. In certain other situations, care is almost inevitable.

### CHILDREN WHO SHOULD NOT BE REMOVED FROM THEIR HOMES

1. *Children of widows eligible for Workmen's Compensation or Mothers' Assistance.* These public resources should always be exhausted before private funds are used.

2. *Children of widows not eligible for Mothers' Assistance and deserted wives who are reasonably good mothers* should be subsidized from other sources. The belated recognition that it is not only more humane but cheaper to pay mothers rather than others to look after their children is now leading some child-caring agencies to divert part of their funds for this purpose. Courts, public relief officials, and private relief agencies must be brought to practice the now well accepted principle that no mother should be separated from her child because of poverty alone.

3. *Children whose father is ill or otherwise disabled* should not be taken in order to allow the mother to go to work. Instead, the cost of

their care should be given her as wages for the job of caring for her family.

4. *Children whose father is abusive or will not support* but who have a good mother should be protected by court action. The punishment should fall on the offending father. If the home is broken up, it is the mother and children who suffer.

5. *Children of parents who wish to separate, but who give their children good care.* Such parents should not be encouraged to take this step by an agency's easy acceptance of the children. Many a tottering home would be preserved if the parents could find no way of escaping their joint responsibilities.

6. *Children of divorced parents,* to enable one of the parents to remarry. Children are quite frequently placed with the frank admission that a present or prospective step-parent objects to their presence in the home. Such parents should find that society does not countenance such easy shirking of parental duties.

7. *Children whose relatives can care for them* are too often accepted without due inquiry into family circumstances.

*For children of unmarried parents* no rules can be laid down except the general one that, with encouragement and help, mother-love often triumphs over great obstacles; that nothing should be done in haste and without knowledge of all the facts, and that lack of support should never be allowed to separate mother and child.

#### CHILDREN WHO NEED FOSTER CARE

1. *Orphans* with no relatives able to care for them.
2. *Foundlings* with no known relatives.
3. *Children abandoned* by parents who are known but cannot be traced.

4. *Children whose mother or both parents are ill or otherwise incapacitated.* Tuberculosis and mental trouble frequently cause this situation. Care should be taken, especially where a parent is tubercular, to emphasize the temporary nature of the separation.

5. *Motherless children* whose father cannot secure a satisfactory housekeeper or care among relatives. Financial assistance will enable a mother to carry on alone. The widower, even though his income is fair, is in a far worse plight. Yet, stangely enough, it is usually the "fatherless child" for whom the orphanage is built or the society endowed.

6. *Children removed from unfit homes by court action.* These must usually pass into the care of some organization, but acceptance of such children involves an obligation to see that everything possible is done to fit the home for their return.

7. *Children of unmarried parents, in some cases.* Physical or mental unfitness of the mother to care for her child and various other factors may warrant a separation.

8. *Children with certain serious health problems.* These are sometimes benefited by a period of foster care in a favorable environment. This is true particularly of pre-tubercular children and heart cases.



9. *Children presenting special mental, conduct, or habit problems* with which their parents have proved unable to deal. Some of these are being very successfully treated in carefully chosen foster homes. Such treatment should be given only after careful study of each individual case.

#### SIFTING APPLICATIONS

*Who should do it*—One of the most experienced and capable individuals connected with an organization should interview applicants, not, as is often the case, the least competent person. A first interview ought to be something like the preliminary examination of a good physician. It should be light and gentle and only thorough enough at this juncture to determine whether the seeker has strayed into the right hands or needs the services of another sort of specialist. If it becomes clear that some other organization can help the family best, the questioning should end, but there ought to be no careless and hasty "passing the buck." To send a poor mother trudging from place to place in search of aid is cruel, and a waste of valuable time for all concerned.

In a rural county where all the work is done by a volunteer board and where the public relief officials are the only other source of help in a family situation, reception of children should be in charge of a committee headed by that member of the board who combines with human sympathy and insight the widest knowledge of modern methods of child welfare. She should build up a group of persons willing to give time and thought to each individual problem as it arises, until such time as it is possible to secure trained service.

*What we need to know before deciding anything*—Even when applications are rejected or referred to someone else, the following information is necessary for identification and should be filed for future reference:

1. Date of application.
2. Surname of child with cross reference in cases of second marriage of parents.
3. First names of parents, maiden name of mother, ages of parents, color, religion, marital status (single, married, widowed, or divorced).
4. Addresses of parents.
5. Names of children in order of age, birth dates, whereabouts if not with parents (underline names of children for whom care has been requested).

This is enough to identify the family. More is needed to serve as a basis for intelligent judgment, as for instance:

6. Occupation and approximate earnings of wage earners in family especially when poverty is pleaded.
7. Other persons in household—their contribution.
8. Why is care being asked? How long standing is the trouble?
9. If there is illness or physical disability, has medical care been given?
10. What help has family already had?
11. What near relatives are there, including married children?
12. Have relatives assisted or been asked to help?

*This "co-operation"*—Before anything is done, inquiry should be made regarding the family at the social service exchange, if there is one. Small centers which cannot afford this convenience will find an exchange organized on a county basis practical. In its absence, every agency or individual at all likely to be helping the family in question should be consulted. People who do this for the first time are often amazed at what they learn. The true facts may be quite other than as represented: Somebody may be carrying out a careful plan for the family which would be destroyed by placing the children. Or an organization which should be helping but has lagged may be spurred to immediate action by the knowledge that the parents are trying to place the children. If others are trying to aid the family, any plan entered upon by the children's agency should be a joint one.

*If the family ought to be kept together*, but does need help, the first thought must be for such immediate aid as may be necessary to tide them over until a plan can be formulated. A family welfare society, churches, fraternal organizations and clubs are the most likely sources of emergency relief. In making a permanent plan, public resources such as Workmen's Compensation, Mothers' Assistance, and regular poor relief should be utilized first. If these are unavailable or inadequate to meet the need, private sources of help should be sought. It is now a truism that relief should be "regular and adequate." It should be given without repeated solicitation for as long as the need continues. Health needs should receive immediate attention. To give aid to individuals whose condition demands medical care without making sure that they get it, is to pour money into a sieve.

*The gap between theory and practice.* In many communities public relief is uncertain, inadequate and badly administered. In these same places there is apt to be no organized family relief agency or if there is, its funds may be used only for emergency aid. Churches, fraternal societies and clubs are difficult to hold to a sustained program, even if there were anyone to plan it. If the trouble seems to be health, there may be a hospital, clinic, or visiting nurse to meet the need—or there

may not be. This bulletin is born of a desire to help those who are up against such conditions. Their troubles are real. The children's agency or institution has long borne the brunt of many family misfortunes. The weight of public opinion and support is often unfortunately in favor of its continuing to do so, in spite of the social and financial cost involved in the needless breaking up of families.

A group of representatives of various organizations can best meet the situation, as it arises in family after family, through case conferences leading to concerted action. Even when no other help seems at hand for a family, it may be the duty of the enlightened children's agency resolutely to refuse admission to children who should remain at home, even though it must itself provide the relief needed to keep the home together. Later, perhaps other sources of relief can be found.

*Tell the parents your decision.* "Have you come for the children? I been keepin' 'em home from school all week thinkin' you might come any day," said Mrs. Green to the Visitor. No parent need ever be left in such suspense. If no help seems to be needed, this should be explained. If another organization is being asked to visit, the family should know what to expect. If it seems probable that the children must be accepted, make no premature promises but let the family understand that it will be necessary to visit some references, see the children at home, and learn all about them in order to know just what they do need and to plan for them wisely.

### III. THE INQUIRY

#### MORE THAN AN INTERVIEW

More than a single interview is needed on which to decide, even temporarily, the destiny of a child. In dealing with human lives we have no right to "go it blind". It is a solemn duty to first find out as much as possible; to make sure that there is no possibility of keeping the child with his own people. In the second place, the child must be known if his deeper needs are to be met. Thirdly, the true facts about him should be on record. The child has the right, as an individual rooted in the past, to have preserved for the use of those caring for him and his own later knowledge those facts which give assurance of continuity.

#### WHO SHOULD MAKE THE INQUIRY?

This depends on local conditions. The children's agency with trained and paid workers usually prefers to make its own inquiry. Societies which cannot afford a competent person for this, will find it is a good plan to have a family welfare agency make their investigations, if there is one.



In places where no relief organization exists, it is well to use any social worker who has the necessary training and can give the time, such as a Mothers' Assistance Fund worker or probation officer. Where only volunteer service is available, the trustees of the children's agency must undertake it. Much of the material in this bulletin has special reference to such situations.

### THE POINT OF VIEW

Whoever makes the inquiry should have a reverence for family ties and the knowledge that nothing has yet been discovered comparable to the family as a place for the nurture of children. The study will be influenced by the apparent urgency of the situation, local conditions, and the kind and length of care needed, but these surface factors must not cause panic nor hide the graver issues involved. Situations are rarely so urgent that children need be received into care before the following facts are known:

### FACTS NEEDED

1. *The family history* leading up to the crisis which prompted the request for care.
2. *The antecedents and early life of parents*—their ancestry, childhood chances for education, hardships, work life, etc.
3. *The financial circumstances* of the family in detail—wages of working members, property, savings, insurance. Also rent and general scale of expenditure, so the need can be more accurately gauged.
4. *The standards of living* and care given children must be seen at first hand in the home.
5. *The character of the neighborhood* should be noticed.
6. *Church and Sunday School attendance* of children and of parents. Name of church and pastor.
7. *Personal history of child*. Children are real people with individual experiences which have helped to mold them. Even small things may have great significance.
8. *School record* and opinion of teacher. Special abilities and disabilities. Interests and companionship.
9. *Health history* of child and of family.\* Presence of infectious disease.  
Present physical and mental condition of child.
10. *Near relatives*—Their names, addresses, and circumstances. Their willingness and ability to help, ascertained through visits.
11. *Legal points* which should be verified:  
Legal settlement of family.  
Birthdates of children (through the Bureau of Vital Statistics, Pennsylvania Department of Health, Harrisburg; or

\* See Health Record Blank of the State Department of Welfare.

sometimes through baptismal certificates, church records, etc.)  
 Marriage of parents (through marriage certificates, Clerk of the Orphan's Court in county where marriage took place, or through pastor's statement.)

Death of parents (through the Bureau of Vital Statistics, Pennsylvania Department of Health, Harrisburg.)

### WHERE TO GET THE FACTS

*Social Agencies* should be willing to share with each other the information which they possess, just as physicians do when they consult about the best treatment for a patient. Consultation with other organizations knowing a family should precede any extended inquiry. This will save much time, useless questioning and the following of false leads.

*The applicant, usually the parent*, should be encouraged to talk freely by a sympathetic listener. Most parents approach the threshold of a welfare agency with heavy hearts, and have suffered acutely before reaching the point where they are ready to part with their children. Some come with a defensive attitude or a ready-made story which they soon forget if they feel that they have found a real friend. Others, and they are often the best, find it anything but easy to tell their inmost troubles to a stranger. If the initial facts seem to show a real need for care, there may be no more propitious time for a satisfactory talk than at the moment of the request. The conference should be unhurried, the questioning tactful, the interview private. It is especially unwise to have young children present, a fact which mothers seldom realize.

*The child* who is to be taken is the person most concerned. If he is old enough to sense what is in the wind, he is old enough to feel and have opinions about the situation, and should be given a chance to express himself. At least, some explanation is due him before he is transplanted to a strange environment. The cheerful side of things should be stressed to him and high tragedy should be avoided.

*Relatives and references.* In visiting references it is well to keep in mind that the quality of the interviews counts far more than the number of people seen. A friendly smile, a cordial manner, a frank business like explanation quickly win confidence. Go not as a spy but as a friend of the family. Have an air of leisure but a clear idea of what you want to find out. Get the opinion of the person you are seeing without expressing your own. Do not doubt your right to ask questions, but ask them considerately. Keep an open mind and an impartial attitude. A visit to one relative may give a complete picture of the family, but if it is necessary to see ten, remember that the welfare of one child is worth the trouble.

*Physicians, ministers, lawyers and teachers* who know the family are all valuable sources of information. Except when they are given as references by the family, it is well to be careful in seeing neighbors, but if they are intelligent and kindly disposed, they may prove a valuable source of information, suggestion and aid, especially in small towns and rural communities. Employers may prove helpful, but it is well to be cautious about seeing present employers lest it create a prejudice against the employee.

### ALL ON THE SQUARE

There should be nothing surreptitious about the inquiry. The family will understand that references must be consulted. Except where deception has been practiced or there is evidence of neglect and abuse of the children, any wishes expressed by the family should be respected. Great care should be taken not to violate confidences or to stir up trouble. No promises should be made, or even implied, which cannot be fulfilled.

### RECORDS

Recording the information obtained with accuracy, while it is still fresh in mind, is quite as important as gathering it. Human memory is prone to error and the personnel of agencies constantly changes. The future welfare of the children and the protection of the society itself demand that all pertinent facts be set down as clearly and completely as possible. It is better to record something irrelevant than to miss something that may prove highly important later. For purposes of accuracy it is well to take down names, addresses and dates during the interview, though it should be done unobtrusively so as not to distract attention. The distinction between proved facts and mere impressions should be clear. The source of all information should be given.

### WHAT NEXT?

When all the facts that can be learned are at hand, a social diagnosis of the trouble should be made and the best treatment decided upon. If the care promises to be more than temporary and there is any possible alternative to foster care, it is far wiser to have a group consider the case. If the family has been under the care of other organizations, their representatives should, of course, be brought into this conference, or their opinions obtained beforehand.

A tentative plan, put down in black and white, stating the apparent needs of the child and the family, what remedy is proposed, and the final end in view, is wonderfully sobering and clarifying. No long period of care should ever be entered upon without some such clear-cut plan being put on record for future reference.



## IV. THE FOSTER FAMILY HOME

### THE LEAST WE SHOULD EXPECT

1. *A dependable income* sufficient to provide a comfortable standard of living.
2. *Housing* which provides light, ventilation, good sanitation and adequate room for the family.
3. *Home-making*—cleanliness, order, well prepared food, and home-like surroundings.
4. *Health*—all members of the household free from infectious disease or any defect that could adversely affect a child.
5. *Neighborhood*—sanitary, providing outdoor play space and good influences for older children. Home near church and school and reasonably accessible.
6. *Education and intelligence*—No stated amount of education required, but native intelligence and good sense vital.
7. *Moral standards*—honesty in business and personal relations imperative. Dependability in living up to agreements and reliability in carrying out directions.
8. *Religious training*—Participation in church activities as well as church attendance desirable. Favorable attitude toward religious training for child in accordance with the faith of his parents is essential.
9. *Atmosphere*—Foster parents sympathetic, cheerful and of attractive personality, with an understanding of child nature and needs; successful with their own children, if they have any.
10. *Motive* for taking a child. The reason for taking a child should be an acceptable one, not dominated by self interest.

### TYPES OF HOMES

There are four well defined kinds of foster family care, boarding, free, adoption and wage homes. The boarding home is one in which the foster parents are paid for their services, and by service is meant not merely food and shelter, but such personal care and training as a child should receive in his own home. The free home is one in which exactly the same care is given without money compensation to the foster parents. In adoption, the foster family assumes all the legal and social obligations and privileges of actual parents. In the wage home, the child should be on the same footing as in a free home, i. e., he should be a member of the family, not a servant, although he is paid wages for definite work performed.

Under changed industrial and social conditions, it has become increasingly difficult to find this type of home. In boarding, free and wage homes, the placing agency, whether or not legal custody is obtained, stands in the position of guardian and protector of the child

and retains the privilege of supervision and removal. After the completion of adoption proceedings, all such rights are renounced.

### THE BOARDING HOME

More extended use should be made of boarding homes. In some sections there is a tendency to regard the foster parents who accept pay for their services as grasping and actuated solely by money considerations. The fear that children may be exploited is a wholesome one, but in the case of the properly safe-guarded boarding home it is quite as ungrounded as in that of the carefully selected free home. We buy food, shelter and oversight for children in institutions as a matter of course and never think of the members of the staff as "mercenary" because they are paid. Nor do we suppose for an instant that the paid social worker is any less consecrated to her task than the volunteer.

Where the boarding home has fallen into discredit it is because of careless and inexpert selection, poor supervision, too low a rate of board, and failure to protect the foster family and child through good medical service. The compensated private home is capable of absorbing a mass of children once thought unplaceable. This is not to say that the free home need be ruled out. Many children and even certain types of handicapped children are being successfully treated in free homes by high type agencies. But the sphere of the boarding home can be greatly enlarged with profit to all concerned, especially for certain types of children who have in the past suffered from unwise placements in free homes. The agency which stands ready to pay adequately for necessary care has a greater range of choice in its selection of homes, is less limited as to the types of children it can serve, and is altogether more flexible than the agency wholly dependent upon free homes.

### CHILDREN FOR WHOM BOARD SHOULD BE PAID

1. *Very young children*, whether they are later to be returned to their own people or permanently placed. A foster mother can scarcely be expected to expend her strength without compensation on a child whom she must finally give up, but children should not be given to foster parents as their own until it is quite certain that their development will be normal. The best home for a baby is not always best as a child grows older. A woman who makes an excellent nurse may not be able to cope with order children. The baby home should be exceptional from the standpoint of health, and should have a quiet, kindly atmosphere, but such factors as education, and neighborhood influences are less important than for an older child. The effect of the foster home on the baby's parents must be considered, however, especially in the case of unmarried mothers.
2. *Motherless children whose father should retain control and responsibility*—A father cannot personally care for his children,

but that is no reason why he should relinquish his rights and let somebody else support them.

3. *Children whose history indicates possible physical or mental defect*—Letting foster families regard such children as their own has often led to heartbreaking disappointments. Such children should remain unconscious of their status, but it should be clear to the foster parents, and too close an identification with the family should be avoided.
4. *Children with obvious physical or mental defects*—Cripples, children who have heart conditions, who are predisposed to tuberculosis, or who have venereal infections need a kind of care which should be well compensated. Very young children who are deaf, blind, epileptic or high grade feeble-minded may be far better off in a private home until old enough to benefit by institutional care.
5. *Normal children who present special conduct or habit problems*—These are usually older children, but the wage home is a great mistake for a child whose troublesome habits more than offset any service he can render. The bed-wetter, the sex-problem, the child who has temper tantrums, or who has formed the habit of petty theft or of running away, should be regarded as a patient to be cured before being expected to hold his own in the world. He needs even more intelligent and painstaking treatment than the child who is physically ill. Such children should be kept busy, but their work should be part of the process of fitting them for a useful, normal life. The foster parents who are to succeed with such problems must have unusual insight, patience and skill, but such homes are by no means so uncommon as might be supposed. They can be found, just as nurses can be found able and willing to tackle any physical problem, no matter how hard or repulsive it may seem.
6. *Children who need temporary care*—See section V.

*The contribution of foster parents* of the right sort far outweighs any money compensation, but so far as money can reward them they are as fairly entitled to a wage as a visitor or an executive of any agency. In fact, while the agency may guide, it is the foster parents who pull the load. The time is past to depend wholly on the home that can volunteer its services.

*Where shall we get the money.* First from parents who should, for their own good, be held to their responsibilities to just the extent that they are able to meet them. This should not be a matter of guess work but should be based on a careful study of the facts. Public resources should come next. Dependent children are recognized as a proper charge on the public treasury. Until public resources are exhausted we should not as a rule support children with money solicited from the general public or even offered by private donors. Private funds need to be conserved for the many needful things for which public funds are not available. Private funds should of course be used to supple-



ment inadequate public aid and there are cases, such as some unmarried mothers, where it is highly inadvisable to seek help from public funds.

*How much shall we pay?* This will vary with the locality. The board for children must be graded according to the difficulties of the case. Even a high rate of board may prove a great economy in the long run. It may be necessary for the private agency to supplement the amount received from public sources in order to secure suitable care.

### THE FREE HOME

*The status of the child* in a free home should be that of an own child. People who receive no money compensation inevitably expect a return in control of and affection from the child. The free home, therefore, becomes a preliminary to adoption, or a relationship similar to adoption but lacking legal sanction because of the age of the child, possible claim by some relative, or some other element of uncertainty.

### CHILDREN SUITABLE FOR FREE HOMES

1. *Foundling children*—When nothing is known as to the heritage of foundlings, adoption or even free placement should not be considered until the child is old enough to reveal possible physical or mental abnormalities.
2. *Abandoned children*—Much is often learned as to the background of abandoned children, hence they are not so bad a risk as foundlings. Free placement, if they are normal, is sometimes preferable to adoption because of the possibility of future claims on the part of relatives.
3. *Children removed from unfit parents by court action* should not be rushed into free homes. The parents should have every possible chance before a final separation is effected. If it does become final, the separation should then be complete.
4. *Children whose parents are both incapacitated permanently* and who are without relatives who can care for them—An insane mother and a crippled father would constitute such a situation. Anything so final as adoption is not usually advisable in these cases.
5. *Orphans*—may be placed in free homes prior to adoption or because unsuitable subjects for adoption on account of age or for some other reason.

*Safeguards* should be thrown around children in free homes to prevent overwork, failure to be treated as a member of the family, and interference by relatives.

It is best that children in free homes should be wards of the agency placing them.

### THE ADOPTION HOME

The adoption home should be far more than "good enough." It holds the fate of a child. It should measure above minimum. The agency must in time withdraw its protection, so the foster parents must

be intelligent and responsible enough to carry on without oversight. The home should fit the child, not offering something beyond his capacities, yet representing the best to which he can reach, with surroundings under which he can grow to advantage. The spiritual qualities of the home are more important than mere material advantages. Children for adoption should be drawn from the same groups as for free home placement, but with added restrictions to be detailed later. This subject is more fully treated in Section X.

### THE WAGE HOME

Except as vacation occupation for older children who are still in school, the wage home should represent an opportunity for training and the acquisition of real skill. Domestic service for the girl and farm work for the boy may be nothing but "blind alley" jobs. On the other hand, they may provide preparation for life or the beginning of a career. It all depends on the kind of home chosen and how it fits the aptitudes of the particular child. Wage homes should be selected with quite as much care as those for younger children. The arrangements with foster parents should be business-like—it is better to have a written agreement—but the child's welfare and happiness should take precedence over mere support, and the agency should maintain the same friendly concern and supervision as in other forms of placement. Children placed in wage homes should have reached the limit of what school can do for them. They should be strong, capable, and old enough to do what is expected of them without injury.

The practice of requiring children to earn all or the greater part of their maintenance while still in school in order to obtain higher education is one that calls for many safeguards. Generally it should be discouraged for children under sixteen or before entrance into high school. Even with older children, unless both foster home and child are exceptional, harm or failure may result.

On the other hand, it is very desirable that children should be given a chance early in life to earn money at useful tasks suited to their strength. This money should pass through a child's own hands in order that he may learn its value. It should be applied to something more tangible and satisfying to him than reduction of the amount paid for board. He should be taught how to save, and how to spend wisely for useful and cultural things. Foster parents should, of course, not be expected to pay a child for his share of the routine household chores such as would be performed as a matter of course by their own children, but they should try to offer special tasks which the child may do of his own free will in order to earn something.

## V. TEMPORARY CARE

### IN AN EMERGENCY

Throughout the country are numerous receiving homes maintained by foster care societies, juvenile courts, counties, etc. Most of them were established for the excellent purpose of keeping children out of almshouses and jails. Yet, many are no great improvement over the things they replace.

“But what shall we do in an emergency?” exclaimed the perplexed board member when her proposal to open a “temporary shelter” was blocked by the very person who had been vigorously protesting against sending children to the almshouse.

Real emergencies requiring instant care are extremely rare. In most cases where it is given the children concerned would suffer less harm if left in the situation in which they were found, or with kindly neighbors, until all the facts could be learned and a plan formulated. Then, often enough, they need not be taken at all. Family situations often need first aid on the spot, but seldom the clanging ambulance and the emergency ward. Inexperienced workers are easily panic-stricken, and do not stop long enough to find out if the supposed crisis is not in reality either a chronic or a superficial condition.

It is easy to destroy family life. During the influenza epidemic, while a young mother lay desperately ill, her husband died. Assuming that she also would die, relatives broke up her home, scattered her possessions to the four winds and rushed her little children to an institution. She defied them by getting well, but it was many years before she was able to re-establish her home, and the children suffered irreparably. Had her children been with her, she would have been eligible for mothers' assistance.

The agency which receives children before making an inquiry faces great disadvantages. It is much harder to secure information from the family, since they cannot see the point of answering questions after the event. Relatives in a position to give good care are less likely to be willing to take a child already in responsible hands. Children received without preliminary study and physical examination may prove to be serious problems requiring another type of care, or they may be suffering from some infectious disease which should first have been treated.

#### CHILDREN WHO MAY NEED TEMPORARY CARE

1. Children who must be cared for pending investigation. These are the few emergencies.
2. Children awaiting a court hearing or decision.
3. Children for whom a permanent home has not yet been found.



4. Children needing study and special training before they are placed permanently.
5. Children needing special medical treatment not requiring hospital care.
6. Children taken only for a short time to tide over a real crisis, such as temporary illness of mother.

#### WHY NOT USE FOSTER HOMES FOR TEMPORARY CARE?

*The boarding home is being used successfully for short-term care in many places. The foster family is infinitely preferable to the almshouse or jail and it has been found practical to substitute it even for the juvenile detention home caring for supposedly difficult children. It has many advantages over congregate care.*

Not the least of these is the lessened danger of infection. Not only is there less mingling of children when they are distributed in private homes, but a case of measles or whooping cough endangers only the few children who happen to be in the same home. Quarantines of all children in care are avoided, with the attendant expense of holding for long periods children otherwise ready for discharge, and the inconvenience of being unable to accept children who need care.

Through the foster home method, families of both sexes and varying ages, who must otherwise be separated, may be cared for together. The danger of contact with children who have had unfortunate experiences or acquired harmful habits will be obviated. Children uprooted by a family upheaval will suffer less through placement in a kindly family than through the new and often terrifying experience of a stay in a receiving home with many strange children.

*Temporary care in foster families is practical.* So far it has been developed most fully by city agencies which have highly efficient methods of family care and a group of trained foster parents. In small centers where resources are few but neighborly feeling is strong, the boarding home is by far the best way to solve the problem of emergency care. There, one or two homes, chosen for their adaptability and kindly atmosphere, should fill the need.

*The foster parents who give temporary care* should be able to win children quickly and make them feel at home; yet they must have a light touch, keeping the relationship casual and free from over-attachment. The management of a changing succession of children, with a minimum of friction and maximum health results, is an expert job, yet it is possible to find foster parents who take satisfaction in doing it for that very reason. It is work of high value and should be well compensated. Rates of board for emergency or short-time care should be higher than for long periods. If necessary, the foster parents should be assured of a minimum income whether there are children in the home

or not—i. e. the home should be “subsidized”. Homes used for temporary care should contain no young children and should conform in all respects to the qualifications for foster homes hereafter to be outlined.

*For the care of babies*, the individual attention that can be assured only in a private home is essential. Under the best conditions babies often tend to thrive but poorly under congregate care. From the standpoint of economy, the private home is better for the very young child. Congregate care also makes it difficult to give the best kind of consideration to the social needs of the parents.

In the temporary placement of babies, as for longer care, the state licensing requirements should be rigidly obeyed. One, or at the most two children, are enough for a baby home. The income from boarding a baby should be welcome but not essential to the family. The chief motive should be a genuine love for little children, an unselfish love that is content to give with no hope of the return of affection that would come if the child could remain.

*For the unmarried mother and her child* during the nursing period the temporary boarding home is sometimes the way out. If the mother is reasonably competent and free from infectious disease, she should be encouraged to keep her child. To further this end and for the physical welfare of the baby, the mother should nurse it if possible. If her own family cannot be persuaded to receive her after she leaves the hospital or maternity home, mere lack of means may force her to part with her child. Even when assured of a meager income from the father of her child, she may not know where to turn. Boarding care in the home of a broad-minded, motherly woman during the period of adjustment is then the best road to a satisfactory solution. In other cases, or after the nursing period, it may be best to board the child apart from the mother for a time, letting her see it frequently and holding her responsible for its support. In a surprising number of instances, this leads to eventual acceptance of the child by the mother and her family. Needless to say, the influence of the foster family upon the mother is of paramount importance. Particular care should be exercised as to the men with whom she will be brought in contact by the placement.

## VI. FINDING THE FOSTER HOME

### GETTING ON THE TRAIL

Breaking ground in a new field where people have not learned to regard the foster care of children as an honorable calling may require patience and persistence. The following methods of attracting good homes have been successfully used:

*Appeals to church and club groups.*—Stories of foster care from the experience of other agencies may be effective here. Appeals for

homes for particular children are apt to prove embarrassing, since the applicant who most readily responds to the concrete appeal is apt to be the least suitable. Names of children should never be given out.

*Enlisting influential individuals* such as physicians, clergymen, teachers, city officials and selected laymen to speak to people of their acquaintance who might make good foster parents.

*Advertisements* in newspapers, farm papers, and religious publications are often quite effective. The following advertisement inserted in a Philadelphia newspaper brought 360 replies, about 15% of which were promising material:

“Three little children, 4, 7, and 9 years of age, want to borrow a mother while their own mother goes to the hospital for an operation. Must be Protestant; good neighborhood. Board \$7 a week. References exchanged.”

*Other foster families* will be the source of some of the best homes coming to an agency. A few foster homes of high type in good neighborhoods will in time bring applications from neighbors and friends of like quality.

*General publicity*—Anything which helps to make the work of the agency favorably known may draw foster home applications. In all publicity the use of names, addresses and identifying information about children should be avoided, since this is stigmatizing and demoralizing to its subjects, and detracts from the dignity and trustworthiness of the agency using it. It should be recognized as a violation of confidence.

The best publicity, in the long run, is good, sound work. Poor work, on the other hand, will offset any amount of publicity and soon make it difficult to secure reputable homes.

#### WHAT WE MUST KNOW ABOUT THE FOSTER HOME

1. *Financial status of family*—Approximate earnings, rent or ownership of home, probable savings.
2. *Make-up of family*—The age, sex, occupation, and health of each member of the family and others in the household.
3. *Housing conditions*—The number of rooms, amount of sleeping room, sanitary conveniences, kind of furnishings, etc.
4. *Housekeeping and home-making standards.*
5. *Background of foster parents* and as much of their history as possible.
6. *Intelligence of foster parents*—Native intelligence, general information.
7. *Education* and attitude toward school.
8. *Moral and ethical standards.*



9. *Church membership* and attendance.
10. *Interests*—Social connections and diversions, community activities.
11. *Neighborhood influences*, including the type of community, school facilities, children in neighborhood, etc.
12. *Temperamental qualities of foster parents and others in household*—Is there friction in the home or strain in the atmosphere? The foster parents' understanding of children and ideas as to their management. Success with their own children. Their general outlook on life.
13. *Reasons for taking child*—Financial; desire for companionship, etc.
14. *Reaction of foster parents* to the explanation as to aims of agency and the control to be exercised over child.

### HOW TO GO ABOUT THE INQUIRY

*Use of Social Service Exchange*—In places having a social service exchange it has become customary to inquire regarding foster families in order to learn whether or not some other foster care agency already has known and used them. It is sometimes discovered that the family in question is known to a number of health and welfare agencies from having been assisted, and these agencies often give valuable information. Of course foster parents are giving rather than receiving social service and they may be among the finest people in the community. That their names are entered in the index of a social service exchange is simply a proof that inclusion in such an index is no reflection upon anyone.

*If the application consists of a letter* from the family containing very little information, it is well to send an application blank to be filled out. These blanks have distinct limitations, but do at least indicate the makeup of the family and may bring forth a few valuable references. If the applicant lives at a distance, letters to these references may well be the next move. If the replies are favorable, an office interview with one or both foster parents will be found helpful before proceeding further. This will give more references, including the physician and the pastor, and a great deal of additional information by which to judge the home. It will serve to weed out many unsuitable applicants. The result of the interview being favorable, a visit to various references may be next in order, although sometimes a visit to the home first may seem wise to confirm the picture given by the interview.

*The visit to the home*—This should be made at a favorable time of day when the foster mother is likely to be at leisure. The interview should not consist of a series of questions, but should be a friendly

conversation which will put the applicant at her ease and allow her to reveal her real qualities. Before the end of the visit the visitor probably will be invited to see the house. If not, it should be suggested.

The more that can be learned about the background and antecedents of the foster parents, the better. Every member of the household should be touched upon in the course of the conversation and, if possible, seen during the visit. It is most important, though often difficult, for the foster father to be seen in every case before a home is used.

In seeking information about such matters as financial stability, the visitor must keep before herself and the foster family the thought that it is not only the right but the duty of the society to know fully about a home before transplanting a child to it. Courtesy and the implication of this underlying purpose will rob so-called "personal questions" of their offense. Of course the visitor must be able to inspire confidence in her discretion.

The visitor must have a clear idea of what she wants to know and be keenly observant without being over-critical. She must have an eye for essentials as distinguished from the superficial. She should be absolutely non-committal as to whether or not a child will be given the family, but should give a lucid explanation of the purposes and requirements of the agency. If it becomes clear early in the visit that the home will not be available, the visit need not be prolonged.

*Seeing references*—Before any home is approved, not only the references given by the family should be interviewed, but two or three independent ones gathered in the course of conversation with the family or secured from other sources should be seen. References from whom letters have been received will almost invariably give additional information and express franker opinions in a personal interview. While doubts remain on any point the visitor should continue to seek more light until these are settled beyond question.

*The decision*—Before a home is approved it is always well to have a second person review the information and the impressions gained, and assist in making the decision. This person may be another member of the staff or a board member. If the home is being considered for a particular child, better known to someone else than to the person who has investigated the home, there should be a conference between the two to consider the needs of the child in conjunction with what the home has to offer. When a home is used for the first time this is most important.

*Record the information*—It is quite as vital to record the facts about the foster home fully and accurately as those about the child and his family. A complete account should be kept of what is learned through the visit to the home and from each reference. The source of opinions

about the family should be clearly indicated, and those of the persons interviewed should never be confused with visitor's impressions.

*The foster family should be promptly notified*, when a decision has been reached, as to whether or not to expect children from the agency. In case of disapproval, the grounds for not using the home often may be frankly stated, as when the home is badly located or the agency has no child suitable for it.

*Good home finding is the "ounce of prevention"* from the lack of which incurable harm may result. No part of the foster family job calls for more skill and wisdom. The visitor should have a keen awareness of the responsibility she carries. She must realize that carelessness or lack of intelligence on her part actually may involve issues of life or death.

## VII. PLACING THE CHILD IN THE HOME

### FIRST STEPS

*Arrangements with the child's own parents*, when not made through the courts, should be clear and definite. It is well to have them sign a simple agreement, not too binding. The surrender or release still required from parents by some agencies has no legal force and is undesirable. Informal acceptance of children not entitled to public support from the county has the advantage of encouraging friendly relations with the child's family. The direct payment of board to the agency insures frequent contact and protects the family from the undue hardship sometimes entailed by a court order upon the parents, which must be paid under all circumstances.

*Authority for minor operations and inoculations* should be given in writing by the parents at the time the child is received, as a protection to both the child and the agency.

*Reception of children through the Juvenile Court* or public relief officials may be advisable where there is serious doubt that the parents will meet their obligations or where they should not retain custody of the children. However, this should not be an ironclad rule. Money considerations should not be allowed to outweigh the social needs of the family. When the parents cannot pay as much as the county order, it is customary in some counties for the court to place a smaller order on the parents, the difference to be made up by the county. A court commitment gives legal custody of the child, which is all the guardianship needed in most cases. A copy of this commitment should be kept on file by the child-caring agency. However, there are many cases where children should be received from the parents without a thought of collecting support from any public agency. There are many re-



sponsible parents able and willing to meet their share of the cost of care.

*Placement of children outside of the state* necessitates the filing of a bond in most of the states bordering on Pennsylvania. Care should be taken to make such placements only with the knowledge and approval of that department of the state in question which controls child welfare activities.

*Medical examination* had best be made before the final decision to take the child, whenever this is possible. If it long precedes actual placement, an inspection for contagious disease must be made on the day of reception.

*Mental studies* before taking children for any prolonged care would be the ideal thing. Again we are faced with actualities. The services of psychologists and psychiatrists are not available in many places. To be of value such studies must be made by competent persons. However, the state Bureau of Mental Health has facilities available for such examinations, and these should be utilized for children whose mentality seems at all doubtful as shown by the facts of heredity, personality and the school record. Children who show peculiarities of conduct or mental development after coming into care ought to be examined at the first opportunity.

#### EMERGENCY CARE

Children who must be taken before a permanent home is ready, or who are not in a condition to go to one when accepted must have care in a special home. This should provide for isolation if there are suspicious symptoms, and for treatment in case of skin eruptions or other infectious conditions not requiring hospital care. A foster mother with nurse's training may sometimes be found who will undertake this work. The qualities needed in such a home have been discussed. This is an important time for the correction of physical defects, such as diseased tonsils; for improving the condition of undernourished children, and for training children in good habits. It is during this period that the child, torn from his family for the first time, may suffer acutely from homesickness. He needs special attention and diversion which can more easily be found for him in a well-chosen foster family than in an institution where his individual needs cannot be given consideration.

#### CHOOSING THE HOME FOR THE CHILD

This is a process calling for the wisdom of a Solomon. It is well to have more than one opinion as to the choice. The child, his background and the foster home should all be known at first hand by those making the selection. It is well to begin with certain general requirements and after they are fulfilled, to pass to more particular aspects.

*Child's background*—Children should be placed in foster homes of their own religion, i. e., Protestant, Roman Catholic, or Jewish. The foster parents should, when possible, have the same racial background that the child may feel more at home and be weaned less from his own people. The "ways" of the two families should be somewhat the same.

*Children of the same family* should be kept together whenever possible, or at least in the same neighborhood. The scattering of families is one of the greatest tragedies of foster care. The insistence on keeping brothers and sisters together should not, however, be carried so far as to result in harm rather than good.

*The health needs* of children must be one of the first considerations. The needs of the baby home have been discussed. The undernourished child should have especially good food, outdoor life, and restful surroundings. The physically defective child must have a home where his wants will be understood and met, but where he will not be set apart by his disability.

*The child in need of habit training* must have exceptionally wise treatment and often is unsuited for placement in a home with other children. Children who have harmful sex habits, or who present special conduct difficulties ought not to be in a home with other children, especially those near their age or of the opposite sex. The possible influence of the foster child upon the children of the family and their influence upon him should never be overlooked.

*The older child* will find it harder to forget his own family and former associations and to fit into new surroundings. Before placement he should be consulted and his cooperation obtained. If he is from a poor home he usually is happiest in a plain foster home not too different from his own. A studious, ambitious boy does not belong in a rough farm home, where a stolid youth of backward mentality might fit perfectly. A crude overgrown girl of coarse background may be wretched as a member of a cultured family, but a girl with wild propensities but high intelligence may find it the very thing she craves.

*Educational needs*—Educational opportunities should be kept in mind in choosing the home, especially for the exceptional child who has special ability in some line or a high intelligence quotient. An elementary school or good standards and access to a high school are essential. The exceptional child should be placed in an exceptional home providing the cultural or artistic atmosphere which meets his needs.

*Placing as a fine art*—The nice adjustment between the foster family and the child is the fine art of child placement.

Mary, a plain little girl of 10, and a pretty baby sister were placed with a highly conscientious maiden lady with small experience outside her own circle. The baby at once captured the hearts of the family. They tried to do their duty by the older sister, but her crude ways shocked them. They were unaware that they showed any partiality, but soon Mary began to lie and steal trinkets from her foster mother's room. Reasoning, scolding, punishment only made her worse. She was finally transferred to the home of a sweet, motherly woman of less education but more experience and tolerance. This foster mother's sympathies were aroused by an explanation of Mary's difficulties and she took the child to her heart immediately, whereupon Mary's faults vanished as if by magic.

*Avoid undue haste or delay*—"Act in haste and repent at leisure" happens only too frequently in foster home work. On the other hand it must not be forgotten that "hope deferred maketh the heart sick." A child should not be left too long in a bad situation while just the right home is being found.

#### INTRODUCING THE CHILD TO THE FAMILY

*A preliminary visit to the prospective home* by the worker placing the child is an important step, especially if the home has been found by someone else. The family should in this way be prepared for the kind of child they are to receive. The arrangement with the foster family should be absolutely clear cut. The control to be exercised by the agency; what is expected of the family, and the financial arrangements should be gone over in detail before the child goes to the home. It is best also to embody the main points in a letter to the family, a copy of which is kept on file by the agency, but care should be taken not to place too much reliance on written agreements. They can never take the place of personal relationships based on friendly understanding and complete confidence.

*Information to give family*—Foster parents with whom one cannot be fairly frank about the child's failings and experiences are seldom the right sort to succeed with children. Not all the confidential information about the child's family need be divulged, but enough must be told to give a real understanding of the child and of the influences which have made him what he is. It is not safe to place a boy who has the habit of appropriating other people's property, or a girl who has had sex experience without informing the foster parents. The facts should be told sympathetically and with not too much detail or emphasis.

*Take the child into your confidence*—Give him a description of what to expect and make him feel that he is to be a welcome guest. Plan the meeting between the child and the family so that the circumstances



will be natural and he will not feel that he is on exhibition. See that he is well dressed and makes his best appearance. Stay with him until the strangeness wears off. He should always be accompanied to the home by a sympathetic person.

*After he is left in the home*—Don't rush around the next day to pull up the plant and see if it is rooting, but keep in close touch. Do not be surprised if you are asked to take the child away at once. On the other hand foster parents may be all enthusiasm so long as the child remains on his best behavior. When the strangeness wears off the trouble may begin. In either case the visitor must keep her poise. Let the foster parents tell their troubles without interruption, and try to find out what is back of the child's conduct. The foster parents must be helped to see that difficulties were to be expected and should not be taken too seriously. The child may have old habits, faulty training, homesickness to combat. He may resent the ways of the home because they are strange to him.

As they gain experience foster parents will learn all this. Those who are new at the task must have much explained to them. The best contribution the visitor can make is a sense of proportion and humor. A hearty laugh has relieved many a tense situation, only the laugh must never be at the child's expense.

## VIII. SUPERVISING THE CHILD IN THE FOSTER HOME

### WHAT IT INVOLVES

*Visitors who know what they are about*—Some training and experience in the principles and methods of social case work are essential to good work. Sound knowledge of child hygiene and diet is important. A degree of maturity, a good general education, teaching ability, understanding of children, patience, tolerance and a sense of humor are all needed. For the interested volunteer with this foundation but no training, there are many ways of gaining knowledge and skill. The Bureau of Children of the Pennsylvania Department of Welfare and the Child Welfare League of America stand ready to give helpful advice as to methods of self education.

*Limitation of volume of work*—No visitor, however capable, can give proper supervision to a hundred or more children at a time. The number she can handle will depend on local conditions, on the types of children in her care, and the amount of executive work expected of her. It is safe to say that the visitor who is supervising babies, children who are special problems, or those placed for short periods, cannot do justice to as many as fifty children. Inaccessibility of homes

and long distances also will affect the number of children she can well look after.

Naturally, when the visiting is done by volunteers who have home duties as well, even fewer children should be assigned to a visitor, the exact number depending upon the amount of time she can give. However small the number of homes a volunteer undertakes to visit, she should take entire charge of them. It is not desirable to have several different visitors going into a home at the same time, and the fewest possible changes of visitors should be made.

*Visits to foster homes*—The frequency of visits should be governed entirely by the needs of each case, but it is safe to say that once in six months is seldom enough. Visits should be just as often as necessary—daily or every few days in a crisis; weekly or monthly under other circumstances. They should not be limited to occasions when something has happened, but should be timed to anticipate and head off trouble. In country districts it is best to avoid the use of homes so remote as to make visits difficult at any time, and impossible in winter.

*Outside contacts with the child*, such as shopping expeditions, pleasure trips etc., are desirable in order to give the visitor a chance to observe the child away from the influence of the foster home and under conditions that will encourage confidences.

*Correspondence* with the foster parents, the child's own family, and with the older children themselves should be used to supplement visits. It should be constructive in its nature, every letter being planned to accomplish something. Copies of all letters should be kept.

*Medical care*—Division of responsibility for the securing of medical attention varies with the type of home. For the child in the boarding home, the expense and most of the planning for care must fall upon the agency. In free and adoption homes, the foster parents should be encouraged to take the initiative, the visitor making such suggestions as may seem necessary. A doctor should be on call for sudden or minor illnesses. Foster parents giving free care will naturally prefer their own physician, altho the visitor may suggest the names of reliable specialists when they are needed. For boarding homes, it is a good plan to prepare a list of doctors in various neighborhoods who will respond to a call from the agency or foster parent.

Periodical medical examinations should be given to all children by a competent physician at least once a year; once in six months is better. Children under three are so largely health problems that they should be seen at least once in three months.

*Reports from school* should be submitted to the visitor. These ought to be supplemented by conferences between foster mother and teacher,

and the former's report of the way things are going. In some cases it may be well for the visitor to interview or correspond with teacher or principal, but this always should be done in such a way as not to injure the child's standing with teacher or pupils.

*Planning for the child's future* should be a dynamic process. An agency should not be content to give care without concern as to the final outcome, but should constantly shape its treatment to meet the child's development needs. Definite education and training should be given for work which will provide the fullest possible outlet to the child's abilities. Failure, as well as success, should be anticipated and met courageously. Children who need permanent care should be accepted for better or for worse. The agency which sends a child to a correctional institution as soon as he becomes troublesome is missing its greatest opportunity for service. The institution or agency which keeps a child when some other type of care would better meet his needs is equally remiss.

*Guidance of intercourse with child's own family.* Except where the parents are unsuitable or where the parental relationship has been finally severed by court decree, every effort should be made to keep home ties strong and wholesome. Foster parents should be warned against criticism of members of the child's family or alienation of the child from them. It may not always be wise to permit the child to visit his family, but parents should be encouraged to visit their children and older children should write to their folks. The extra work involved in maintaining contacts between the child and his family represents difficulties which are an inevitable part of good foster family care.

The frequency and nature of visits from relatives must not be allowed to interfere with the child's progress or to become too great an annoyance to the foster family. On the other hand, the visitor must see that the natural rights and privileges of parents are not forgotten and be vigilant in preventing conflicts over the child. Thorough understanding and frequent contact between visitor and parents is the best way to control the situation.

*A running record of information* gained in the course of caring for a child is just as important as preservation of the findings of the original inquiry, which should be recognized as never final and fully accurate. The visitor who does not keep a chronological history for each child in her care, noting each important action taken and each development, is borrowing trouble for herself, her successors, and eventually for the child himself. Too much is safer and, in the end, far easier than not enough, yet the aim should be to make this record both concise and explicit.



In an organization of volunteer workers each visitor should make a written report of each visit or other action taken. This should be dated and signed, with the name of the child at the top of each sheet. A loose leaf record, written on one side of typewriter paper and fastened to the child's face-sheet in chronological order is best for this purpose. It will be better still if a stenographer or some volunteer, conversant with a typewriter, can be employed to copy the reports consecutively as they are turned in.

### THE VISIT TO THE FOSTER HOME

The quality of visits counts more than mere number. The time of a visit should be chosen to suit the convenience to expect a satisfactory conversation with a woman who is preparing a meal. The visitor must be a good listener. After the foster mother has had an opportunity to tell all that is on her mind, without interruption, she will be ready to answer questions and listen to suggestions. The points to be covered should be clear in the mind of the visitor, but she should seek information rather by a skillful direction of the conversation than by a definite list of questions. Not every point, of course, need be covered in any one visit, but everything about which there is the least doubt should be cleared up.

### WHAT THE VISIT SHOULD REVEAL

1. *The health of the child* as shown by physical appearance and the report of the foster mother.
2. *The appearance of the child* as to neatness and cleanliness of clothes and person.
3. *Diet*—just what the child is given to eat, meal hours, appetite.
4. *Sleeping arrangements*—whether he sleeps in room or bed alone or, if some one rooms with him, who this is. Condition of bedding; ventilation of room at night.
5. *General condition of house* as to order, cleanliness, sanitation.
6. *Provision for recreation*—toys, constructive materials and tools; place to play.
7. *Work* child is expected to do—suitability for his age, amount, whether he is paid for any part of it.
8. *Spending money*—what child does with it. (Arrangements should be made for a small but regular allowance to older children from the parent, the agency, or from the foster parents.)
9. *School and community*—what foster mother and child have to say about school progress. Child's participation in group pleasures and community activities. His popularity, attitude, friends.
10. *Church and Sunday school*—regularity of attendance and interest.



11. *Conduct and methods of discipline*—child's habits and reactions to home and school. A knowledge of the punishments used is as illuminating as the child's misdeeds.
12. *Child's relations with foster family*—his reaction to different members of family. The degree of understanding and affection shown.

### WHAT THE VISIT SHOULD ACCOMPLISH

The visitor, merely by showing her interest in the foregoing points as occasion arises, centers the attention of the foster parents upon such matters and stimulates their zeal. Factors they have overlooked, or about which they are not informed, are brought to light. Difficulties created by the child are discussed in the light of his past history. His actions can be related to his needs and how they are being met; he may have been meddlesome because he had not enough to do, or irritable because of food that disagreed with him. The recital of injudicious punishments gives an opportunity to suggest wiser expedients.

The visit should never be all advice and suggestion, but always should be encouraging and appreciative of the good accomplished. The visitor should bring to the situation a detachment and breadth of view which will lift the foster parents above the petty vexations of their task and stimulate them with the sense of being engaged in work of great significance and far-reaching consequences.

### DIVISION OF RESPONSIBILITY

*What to expect of the visitor*—The visitor should never regard her job as one of "inspection" but rather one of friendly cooperation. If she is qualified, her relation to foster parents will naturally be somewhat that of an office supervisor toward members of her staff. If she is not competent, insistence on "rights" and "authority" will be futile. True, it is her business to see that the requirements necessary to the welfare of the children in her care are fully met by the foster parents, but she should actively aid them to understand and meet their obligations especially when they are inexperienced. In this it is well for her to keep a humble heart, for often she can learn as much from a foster parent as she has to teach.

To the child, the visitor should be a wise, strong friend, whom he can depend upon to be fair. She should be someone whose approval he wants to win, rather than whose displeasure he fears. Any strong, emotional attachment by the child for a visitor should be avoided. The more she can keep in the background of his life the better. Her criticisms and suggestions should be made to foster parents privately, never to or in front of the child. When differences are adjusted in her presence, the visitor should provide the right atmosphere for an understanding, rather than sit in judgment. The child should feel free

and be given opportunity to confide in her, but should not find in her a partisan.

*What to expect of the foster parents*—Foster parents are not servants—they are members of the staff and should be so regarded. Before the home is used, foster parents should understand the agency's need to know every incident affecting the child. They should agree to acquaint the visitor with all that takes place in connection with him; to report any change in the make-up of the family or their situation, and not to take a child to board from any other source. If the home has been wisely selected, they can be depended upon to meet these obligations and those connected with the care of the child to the best of their ability. Their ability must not be taken too much for granted, but complete confidence and friendliness should exist between foster parents and visitor.

If the child has lost or been permanently separated from his parents, foster parents should as fully as possible take the place of own parents. If the child is to maintain relations with his family and perhaps return home at some future time, an uncle and aunt relationship with the foster parents should be encouraged. In either case, they should assume, in the eyes of the community, the place of relatives identified with the interests of the child. No effort should be made either to conceal or to advertise his connection with the agency.

Foster parents should be intelligent enough to look after the school interests of the child and to confer with the teacher as to his progress, the visitor intervening only in cases of serious trouble. It is the foster parents who should train and discipline the child, not the visitor.

*If there is reason to question the good faith of the foster parents*, a few of the most trustworthy of the original references or other reliable people in the community should be consulted under seal of confidence. No good foster family is free from the possibility of unjust criticism and attacks from neighbors. Otherwise, once the home is approved, the visitor should not discuss the foster family with neighbors. She must not encourage gossip and mere faultfinding but she must be alert for anything coming from the child or others which may indicate serious failure of the home to safeguard the child's welfare, or to live to the agreement with the agency.

#### REPLACEMENTS

If the original selection of homes is intelligent, the transfer of children will be reduced to a minimum. The experienced visitor does not get unduly excited when a foster mother frantically telephones to ask that a child be removed immediately. If the first understanding was clear, the foster mother may be reminded that this cannot be done, but that due notice must be given. A visit should follow promptly in which

careful judgment and keen insight will be needed by the visitor. Is the difficulty trivial and temporary; due to inexperience on the part of foster parents; lack of previous training on the part of the child; the strain of a new adjustment, or mere misunderstanding? Even when the trouble seems to be more fundamental, it may adjust itself before a new home can be found for the child. The necessary interval before a change can be made has saved many a good placement from early disaster. Even when a placement seems to leave much to be desired, careful consideration should be given any change lest it be "out of the frying pan into the fire." It is easy to cultivate in a high-strung, restless child an incessant desire for change and a tendency to escape anything in the least unpleasant by running away from it. It is equally easy for a sensitive child to suffer serious harm in a well-meaning home where he is not understood. The best escape from the horns of this dilemma is in the utmost care in making the first placement.

*Some of the things to consider in making a replacement.* The effect on the child of being uprooted just as he is beginning to feel settled; of feeling that he is not wanted and is homeless, should weigh in any replacement. The continuity of his school work is important. When possible, changes should be made at the end of the school year. Where there is a strong affection between the child and members of a foster family it should not be lightly regarded. It may sometimes be better to leave a child in a home to which he has become attached, even though it has not all the qualities you would seek for him were he being placed for the first time.

*Inexperience* of foster parents and visitors is the cause of too many replacements. The home may be good but may need skillful interpretation of the child and the reasons for his actions. A family which is inexperienced with children and unacquainted with social conditions outside its immediate circle is likely to be shocked by superficial things, such as a child's lack of table manners or the uncouthness of his relatives. If the visitor is equally unfitted to evaluate these shortcomings, many unnecessary transfers will take place.

*Good reasons for replacement*—The placement may have been temporary and the child now ready for permanent placement. A change in the circumstances of the foster family, such as sickness or the advent of other relatives who crowd the home, may make a change imperative. The development of some hereditary defect in the child may make special care advisable and permanent placement on a free or adoption basis most unwise. Failure to make proper physical gain, after the elimination of factors other than the care being given, is a valid reason for removing a child from a home.

The persistence of conduct or personality difficulties in the child after reasonable efforts to help and educate foster parents to an under-



standing of the trouble, usually means that the right conditions for that child have not been found. Certain children present such outstanding difficulties that it is impossible to secure the complete readjustment of the child through one placement. He may have to pass through several homes in the process, each making its own contribution to his development.

A child may outgrow a family in which he thrived and was happy when younger. To leave a child with a high intelligence quotient in an uneducated family unable to give him the things he craves may starve his mind, and breed impudence and self-conceit. Some foster parents who are excellent with little children cannot cope with the adolescent.

Future educational needs should be provided for in long-time placements, but if it is necessary to move a child in order to give him proper educational opportunities this should be done.

Opportunities for employment may be lacking in a community when a child reaches the age to go to work. In such cases the work-life sometimes must take precedence over family life.

The failure of a foster family to co-operate effectively with the society after efforts to bring about right relations means that the family must be dropped. As the child's guardian the agency cannot shift to other shoulders the responsibility for failure to meet the child's needs. The discovery of a serious moral defect in some member of the foster family makes it a duty to remove a child. Sex irregularities or dishonest dealings should not be tolerated.

## IX. BUILDING HEALTHY CHILDREN

"Is Mary well? She seems rather pale and thin," said the visitor. "Oh, she ain't never sick," replied the mother, "she's always looked that way. It's just natural to the family—all the children are like that." Mary's mother did not know what every one who gives foster care to children should know, namely, that healthy children do not just grow, they are built of good food, fresh air, rest and sunshine, applied under favorable conditions.

### THE DOCTOR'S PART

*The examining physician* should be a competent, general practitioner or, better still, a child specialist. He should have a genuine love of children as well as skill. Adequate compensation for his services is as legitimate a charge on a child-caring agency as the executive's salary or food and clothing for the children.

*The medical examination*—An accurate knowledge of the physical condition of the child before receiving him for care is imperative. A



negative bill of health, such as "Henry has never been sick in his life," is not enough. Dr. Horace H. Jenks, Chief of the Associated Medical Clinic, maintained by a group of child-caring agencies in Philadelphia, gives the following description of what a general medical examination of a child should be. It is quoted at length in order to give those responsible for the foster care of children an opportunity to familiarize themselves with the procedure, and thus be able to judge the thoroughness of an examination for themselves:

Plenty of time should be allowed for the general physical examination, especially for the first examination. . . . . It is often well to open the interview with the child by some casual remark as to his interests in play or school, or the ever interesting subject of what he likes to eat. . . . . The weight and height are recorded. Then, beginning at his scalp, the child is examined from head to foot. He should be entirely undressed as the examination proceeds. . . . . The dryness of the hair, the presence or absence of any disease of the scalp, as ringworm or pediculosis capitis (head lice), is noted. As a practical point, it should always be recorded in the history whether or not nits are present. The nose should be examined for the presence of any nasal discharge, obstruction, or deflected septum; the mouth for the condition of the teeth and gums, enlargement or disease of the tonsils, general shape and condition of the palate. The neck is felt for the presence of enlarged lymph glands and for examination of the thyroid gland.

The chest, of course, should be most carefully examined. Not only should the lungs be examined for bronchitis or tuberculosis, but the amount of air entering should be roughly considered. It is astonishing how poorly many undernourished children breathe. . . . . These children may need deep breathing exercises fully as much as extra milk. The heart must be studied with reference to its size and efficiency, as much as for the detection of murmurs or leakage at the valves.

The abdomen should be examined with the child lying down and relaxed. Enlargement of liver or spleen or the presence of umbilical hernia should be noted.

Boys should be examined for phimosis, undescended testicle, and hernia, older boys for varicocele. Girls should be examined especially for the presence of any vaginal discharge, and girls who are to be admitted to institutions or to homes where there will be other girls should have vaginal . . . . . smears . . . . . Both sexes should be examined for signs of irritation or inflammation of the genital organs caused by masturbation. Next the child's posture is studied, the condition of the spine, shoulders, legs, ankles, arches of the feet, and general bearing or carriage being recorded.

The child is then dressed, and returns for tests of eyesight and hearing. In babies and young children the eardrums should be examined with the otoscope. Eye and ear examinations in general are not detailed, but if any abnormality is detected the child should be referred to a specialist for more thorough examination.

It is advisable, although it is not always practicable, to secure a specimen of urine at the first visit. It has been the practice at the Associated Medical Clinic of Philadelphia to have blood examination (red and white cells and hemoglobin) if the child is 10 per cent or more underweight or if he is noticeably pale.

The advisability of performing the Wasserman test upon every child is an unsettled question . . . . . only about 2 per cent of children give a positive blood test . . . . . Many of these children have been so frightened by the abuse and so subdued by the hardships to which they have been subjected, that it seems certainly unwise, and possibly unkind, to subject them to a Wasserman test for syphilis—or even a Pirquet test for tuberculosis in-

fection—at the first visit as a necessary routine measure. At this clinic it has been done ..... if the child shows clinical evidence of hereditary or acquired syphilis; if the child shows suspicious signs of hereditary or acquired syphilis; with foundlings; ..... if the child has suspicious sex history, or if his parents have undoubtedly been sexually promiscuous, or when there is a history of miscarriages.

Certainly there can be no question as to the advisability of Schick testing for diphtheria at one of the first visits, and children reacting positively should be immunized with toxin-antitoxin before placement. Children not previously vaccinated should have this done, providing that they are to be placed under competent care.

It is of great advantage to the examining clinic to be closely associated with a hospital. In that case the opinion of consultants can easily be secured and X-ray examinations made, and if a child arrives at the clinic too ill to be sent to a foster home he can be at once transferred to the hospital.

Preferably all girls, and certainly those over 12 years of age, should be examined by a woman physician. She should be a woman skilled not only in gynecological examinations, but also in the psychology of girlhood. ....

The written record of this examination should be made in duplicate, one copy being kept in the office of the physician or the examining clinic and one sent at once to the agency referring the child. If possible, definite statements should be made as to the child's condition, and even more definite statements as to recommendations for the cure of defects. .... A definite time should be noted for the return of the child for subsequent examination. ....

As a general rule it is advisable to see any child who is 10 per cent or more underweight within from two to four weeks—or sooner if there is a suspicion of pulmonary tuberculosis.

Any child at all underweight or noticeably anemic should be seen by the physician every three months at least. Every child placed in a foster home should be completely reexamined at least once a year regardless of where he is. It is preferable that he return to the examining clinic for this purpose, so that the same person may examine and records may be more uniform. This re-examination should be as thorough as the first examination.

When the time comes for a child to leave the foster home and be discharged from the care of the society he should again have a complete physical examination by the clinic or examining physician ..... Any defects found even at this final examination should not be left unattended to, but definite arrangements should be made for him to have competent medical attention, either by a physician or at a hospital. Especially is this true for children with chronic defects of such far-reaching importance as chronic heart or lung disease, rheumatism, nephritis, or congenital syphilis. The last mentioned should be treated until the blood Wassermann becomes persistently negative.

*Treatment*—Some plan should be worked out between the agency and one or more good hospitals whereby necessary tests, operations, and treatment can be obtained at a nominal or minimum cost. The agency will in some cases be able to arrange with a hospital for laboratory tests; in other cases municipal or state service may be available. Where no free dental or eye clinics exist a reliable specialist in each line should be paid for this work on a yearly or per capita basis. Dental work especially is too often neglected by child-caring agencies.

All treatment recommended should be secured as promptly as possible, except when some delay seems best from the standpoint of the

child. With the control which can be exercised by an agency it should be possible to approach a one hundred per cent correction of physical defects.

### THE FOSTER MOTHER'S PART IN HEALTH

*Restriction of number of children* in a foster home is one of the essentials to good health work. Individual attention is the special need of many dependent children and of all babies. One or two older children are usually quite all that a foster home can absorb unless they are all members of one family. With babies one child to a family is the ideal; two little children should be the limit. The number of children placed in a foster home should also be governed by the number of own children of the foster parents.

*Hygienic surroundings* are imperative. These should include adequate sleeping space. Foster children should have beds to themselves and a room alone is still better. The character of any person occupying the room with a child should be thoroughly known. All the hygienic requirements previously outlined for foster homes are necessary to health.

*Foster family free from infectious disease*—Dr. Jenks says: "The family physician should be consulted by the social worker, and it should be held no breach of professional secrecy for him to state at least in general terms whether the condition of either foster parent is such as to endanger the child."

*The foster parents healthy and of cheerful disposition*—It is especially important for the welfare of the child that there should be freedom from nervous strain and friction in the home.

*Food*—Must be ample, well cooked, properly balanced, adapted to the age of the child, and served at suitable hours. Growing boys and girls need plenty to eat—this is not a luxury, but a necessity, and the agency must be willing to pay for it.

*Rest*—Long hours of sleep with quiet and plenty of fresh air are needed by children. Great care must be taken to see that children are not overworked. Even conscientious foster parents sometimes do this unwittingly. Children who are underweight, restless, or anemic should have their hours of rest and play outlined in writing for the foster parents.

*Oversight of recreation*—This is difficult to secure, but very important particularly for children who are in any sense problems. The foster parents should be interested enough to know where the children are at all times and in what way they amuse themselves. Better still is it when they lead and guide their amusements.

*Health habits*—The foster mother should be intelligent and firm in teaching health habits. She must be diligent in attending to such



matters as the evacuation of bowels each morning, and the cleaning of teeth. If children are subject to bed wetting she should take the trouble to withhold liquids in the evening and get the child up in the night. Her constant aim must be to get at the underlying causes of such habits. She must realize the need for regularity and a fixed regime.

*The care of the baby*—It is desirable, but not always possible, to have babies in foster homes under the supervision of a trained nurse. Lacking this, they should be under the close supervision of a good physician, and the foster mother must be well coached in the proper care of infants. There is so much good literature on the care and feeding of babies that there is no excuse for her being left in ignorance. The hygiene of the preschool child is also a matter on which she should be informed. (See appendix for Bibliography).

#### THE VISITOR'S PART IN HEALTH

*The family health history*—The first task of the visitor in connection with the child's health begins with the inquiry. The physician who examines the child should be supplied with a brief summary of the social history and home conditions and an accurate health history of the child and his family. The family history should cover the health of parents, grandparents, brothers, and sisters, and should disclose the presence of tuberculosis, venereal disease, nervous disorders, mental diseases, and moral vagaries. The cause of deaths should be given. Special effort should be made to learn if the child has been exposed to tuberculosis, venereal disease or other infections from relatives or boarders in the home. Miscarriages and still births have significance for the physician, and the birth-dates of children may show whether the mother has suffered from too rapid child-bearing.

The previous history of the child should be given, beginning with the mother's pregnancy, the birth and child's condition, feeding during infancy, illness, contagious diseases of childhood and later diseases, such as chorea, rheumatism and tonsilitis. In cases of doubtful mentality any history of convulsions and the age of walking, talking, and entering school should be learned.

*Carrying out the doctor's recommendations* is the responsibility of the visitor when children are in boarding homes. Appointments for operations and visits to specialists and hospital clinics must be made by the visitor, and she must see that the child gets there, not once but many times if necessary. In the free home, and especially in the case of children placed for adoption, medical care should be the responsibility of the foster parents. The visitor should advise when necessary and should see that nothing is neglected. In most foster homes, whatever their status, it is helpful for the visitor to interpret the medical



findings, to the foster parents, and she should see that the doctor's recommendations are carried out accurately. Every visit should be an occasion for definite inquiry as to health matters and such detailed instruction and advice to the foster mother as may seem needed.

*Mental hygiene* is a field which has been so hedged about with big words, as to make simple things seem complicated. The essential facts are not new, however, but are largely matters of common sense. Many foster parents will have intuitive knowledge of a child's reactions, and such a sympathetic understanding of his needs and desires that little help from the visitor will be needed. Others must be carefully taught how to train the child in good habits and advised as to which punishments are wise and which undesirable in their effects. The visitor should have enough theoretical knowledge of the subject to be of help. Here again there is printed material which will be of great assistance. Children who show marked peculiarities whether of conduct, mental development, or habits should if possible be studied by a psychiatrist. In this connection a psychological test should precede and be a part of the report to the psychiatrist when possible. The State service is available and should be utilized as freely as possible.

## X. WANTED—A CHILD TO ADOPT

### STOP, LOOK AND LISTEN!

*The finality of adoption*—Adoption is a legal process through which the child's natural parents or guardians waive all rights to him and the adopting parents assume the privileges and duties of own parents. Once the seal of the law is placed upon the relationship, it is unalterable. The child is severed for all time from those with whom he is connected by the closest of human ties. As this usually takes place before the child has reached an age when he can have a voice in the matter, it follows that those responsible for his welfare cannot use too much caution in making a decision so vital to his whole future.

*Adoption should never be planned in haste* nor decided upon in an emergency. Ample time for consideration should be allowed the child's relatives, and every possible assistance offered to enable them to rear him, before he is placed with a view to adoption. No temporary or superficial situation should ever lead to the adoption of a child. No child should ever be separated from a parent because of poverty alone.

*Some tests to apply—*

1. If one or both parents are living, is it certain that, given the right kind of help, they cannot care for the child now or at some future time?

2. If the reason for the separation is physical or mental disease of a parent, what of possible recovery? Also, may not permanent surrender of the child have a harmful effect on the parent?
3. If there is moral failure on the part of parents, have they been given every possible chance and incentive to improve? What will be the effect of depriving them of their child? Will the child suffer present harm from association with them? Does adoption represent an escape from responsibilities which could be discharged properly by the parents?
4. If the parents have abandoned the child, has an honest effort been made to trace them and learn the cause of desertion? Is it reasonably certain that they will not return to claim the child even after the provisions of the law have been complied with?
5. Is poverty the real reason for separation or abandonment?
6. If both parents are dead, is it certain that there are no relatives able and willing to give the child proper care?
7. Will adoption unnecessarily separate the child from brothers and sisters?
8. Is the child known to be physically and mentally fit for adoption?

*The truth of the matter* is that if the foregoing questions are searchingly asked and the answers carefully weighed, relatively few children will be found proper subjects for adoption. The executive of a well known child-placing agency, noted for its high grade work, recently stated that out of nearly 3000 children cared for over a period of 17 years, but 15 were found entirely suitable for adoption.

#### THE ONLY SAFE WAY

*A particularly searching inquiry* should be made into the antecedents of the child to be adopted and of the foster family. This cannot be overemphasized. When the family of the child is known, the most exhaustive investigation should be made of the health and mentality of the parents, grandparents, uncles, aunts, brothers and sisters. The circumstances of birth, the early influences to which the child was subjected, and every detail of its life that can be learned should be recorded, together with the history of the parents from their earliest childhood. All names and addresses of the relatives should be obtained and kept. Also, what is learned as to their circumstances. The marriage record of the parents, birth record of the child, and any other papers identifying the child or containing valuable data should be carefully preserved.

*The foster family* which desires to take a child for all time should be willing to furnish complete information as to their health and history. Refusal to do so should lead to rejection of the home. All the

points outlined for any foster home investigation should be covered with great thoroughness.

In all cases the family physician should be seen. It is still more satisfactory, especially in cases where doubtful health conditions exist, to ask the foster parents to undergo a physical examination. In any case, the placing society should make sure that no tuberculosis, venereal disease, or mental or nervous instability exists in the family.

The financial ability of foster parents to raise a child and provide proper educational opportunities must be carefully considered. Even more important is the pliability of the family, i. e. their ability to adapt themselves to the needs of children in general and especially to those of the child in question. In placing a young child for adoption, the capacity of the foster parents to care for the child as he then is must not be the only consideration. Their ability to carry him safely through later childhood and the critical age of adolescence must also be weighed.

*In selecting an adoption home for a child*, all the qualities of the foster home under consideration must be weighed against the needs of the child available for adoption. His physical needs are easily determined with the aid of good medical service. His mental and spiritual requirements are difficult enough to foresee, even with the fullest information about him. All that is known as to his personality should be supplemented by the completest possible picture of his background, and by studies of his mentality and temperament made by competent persons.

No child should be placed for adoption in this day without a mental test, even when this involves considerable trouble and expense. The State of Pennsylvania, through its Bureau of Mental Health, makes these services available to those who desire them. It may not be generally known that tests have been devised for children as young as six months which, if repeated every three to six months, give a fairly accurate index to the mentality of two and three year old children.

The material, cultural and spiritual gifts offered by the foster home must be nicely balanced against each other and against the needs and gifts of the child. The reasons of the foster parents for wishing to take a child are most important. They must want the child, not as a plaything, a cause for pride, or an outlet for thwarted emotions, but for his own sake.

The attitude of relatives of the foster parents toward the proposed adoption should be favorable. The child should meet with a welcome from foster grandparents, aunts and uncles, and above all from any foster brothers and sisters.



It should be obvious that if this discrimination enters into the selection of adoption homes, the barbarous practice of lining up a group of children and allowing prospective foster parents to "take their pick" will be relegated to the limbo of the outgrown past.

*Children with bad or unknown heritage* should rarely be placed for adoption, and then only after the strictest precautions are observed. If cases of insanity, epilepsy, feeble-mindedness, or syphilis exist among the child's forbears, the only safe plan is to keep the child in a boarding home under observation for a period of two or three years, meantime giving him every known physical and mental test. Foundlings and children about whose father nothing is known should be handled in the same way.

Some ten years ago a reputable children's society placed two infants of unknown but different parentage in a cultured family of ample means. Every test known to science was given at the time of placement, the results seemed satisfactory, and the adoption went through.

Today one of those children is in an institution for the feeble-minded. The other, a girl of eleven, is under treatment for hereditary syphilis, with every chance of becoming a hopeless cripple. Thousands of dollars and a wealth of affection and care have been expended by these unfortunate foster parents with this heart breaking result.

If children with diseased or degenerate ancestry are finally, after prolonged observation, considered normal and placed for adoption, the foster parents should be fully informed of the risk involved.

*Full information* about any child placed for adoption should be given the foster parents at the time the child is first placed or as soon thereafter as adoption is contemplated. In some cases the facts should be interpreted wisely, not given in too stark detail, but the main facts should be known. The foster parents who do not want to know anything about the child they adopt are risking much through their ignorance. It is their duty as well as their right to know as much as possible about the child whom they are to nurture and direct.

A written agreement had best be made with the foster parents at the time of placement. There should be at least a letter, stating clearly the terms of placement and the control to be exercised by the agency, a copy of which is kept on file. The foster family should understand that the agreement can be revoked by either party at any time until the legal adoption takes place, which is final.

*At least one year of supervision* by the placing society should precede the completion of adoption proceedings. If at the end of that period there seems to be any doubt that the child will do well in the home, a longer trial is advisable. This period is the visitor's great op-



portunity, and her only one, to prepare the adopting parents for their task, and to observe how they perform it. Her work should be delicate and thorough, calling forth all that she has to give.

*Re-investigation before adoption* should always be made. This should cover:

1. The present situation in the child's own family—could they possibly care for the child now and, if so, would it be detrimental to the child to return to them?
2. Any changes in the household of the foster family and their possible effect upon the welfare and status of the child.
3. The opinion of a few carefully selected references as to the success of the placement.
4. The child's own attitude toward adoption, if he is old enough to be consulted.
5. The effect of adoption upon the child's status with the family and community. This is sometimes a strong argument in favor of an adoption which might otherwise seem inadvisable. A child who is legally one of the family often has a different feeling and stands better in the eyes of those about him than one who is regarded as a mere beneficiary.
6. A thorough mental and physical examination of the child. A mental examination is imperative in adoption cases even though considerable expense and trouble are involved. This should be made at the time of first placement. A re-examination is desirable at the time of adoption as a check on the first examination.
7. A review by more than one person of the whole record of the child's progress since placement. In making the final decision the visitor should always be aided by other members of the staff or board of managers.

*Informing the child of adoption*—Foster parents should always do this. If children adopted when very young are kept in ignorance that they are not own children, they invariably learn of it later and this is sometimes a serious shock. On the other hand if the thought is perfectly familiar from earliest childhood, it does not in any way affect their feeling for their foster parents and is a protection. The fact can be presented in such a way as to increase rather than destroy a child's love for and confidence in his foster parents. One little girl who was adopted with her baby brother was heard to remark proudly to her little cousins by adoption, "You're *own* children, but we're *chosen* children!"

#### ENDING SUPERVISION

After adoption actually takes place the whole responsibility for the child passes to the foster parents. Supervision should definitely cease, the visitor only entering the home, if at all, like any invited guest. If she has been successful in her work, invitations will not be lacking, but

she should not make her visits an occasion for unsolicited advice. The whole aim of supervision should be to lead up to the point where advice will be unnecessary and the foster parents independent of the society. It is highly desirable, however, that the feeling of the foster family be such that they will quite naturally keep the representatives of the society informed of the progress of the child. Such information should be carefully recorded as it is a valuable index to the soundness of the work being done.

## XI. THE INSTITUTION PLACES OUT

Just twenty years ago (January, 1909) the famous White House Conference on the Care of Dependent Children was convened by President Roosevelt. About 200 people, representing every phase of child welfare, including institutional care, were present. In the conclusions unanimously adopted by this group we read the following:

“Home life is the highest and finest product of civilization. Children should not be deprived of it except for urgent and compelling reasons. Except in unusual circumstances the home should not be broken up for reasons of poverty.

“The carefully selected foster home is for the normal child the best substitute for the natural home.

“For the temporary, or more or less permanent care of children different methods are in use, notably the plan of placing them in families, paying for their board, and the plan of institutional care. Unless and until such homes are found, the use of institutions is necessary.”

*In the twenty years since the White House Conference there has been a growing realization on the part of those connected with institutional work that most children thrive better in private homes, and a marked extension of activities of institutions into the field of foster family care. In all parts of the country agencies may now be found giving both types of care. A few institutions have even gone so far as to close their doors and devote their energies entirely to the care of children in foster homes. Other institutions have used placement for children in particular need of individual care and attention, such as those presenting special health or conduct difficulties, developing a few carefully selected homes into a practical extension of the institution.*

*Institutions have always done more or less placement. The necessity of making some plan for children too old to remain longer in the institution; the pressure from new applicants for space; the difficulty of coping with certain types of children in a group, have led many institutions to make use of free or wage homes, and less frequently*

of boarding homes. Too often such placement has been done only with the fringes of their attention, so to speak, with no clear realization of the difficulties or the far reaching consequences, involved in their handling. It has been done casually, by busy executive, by trustees, or by almost anybody who was interested and thought he knew of a "good home". The results of such placements have been deplorable, both for the children involved and because of their influence on the attitude of parents, the public, and institutional authorities.

*The prejudice which exists against foster family placing* on the part of many people may be laid at the door of the child placing group as well as that of the institution, since while urging foster family care upon the institution, they have often failed to put their own house in order. Such prejudice is the direct result of careless or ignorant methods of placement on the part of both institutions and child placing agencies. This poor work is characterized by—

Failure to learn enough about children upon reception or to record what has been learned.

The needless breaking up of families.

Needless separation of children of the same family.

Failure properly to investigate homes in which children are to be placed, and too low standards for foster homes.

Unskilled choice of homes for particular children.

Lack of attention to health of both foster family and children.

Lack of good supervision of children placed in foster families, with consequent failure to guard them from abuse, neglect, and overwork.

*The way for institutions to make placements* is to follow the same principles laid down for other foster care agencies, both in receiving children into care and in sending them to foster family homes. This is more easily said than done. Some child-caring institutions could employ a properly qualified social worker to investigate applications for care, and place and supervise outgoing children. Those institutions which find this impractical should, like the poorly manned child-placing agency, draft any trained person in sight to make their inquiries. In the absence of such a person, the staff or trustees of the institution should, by study, learn how to make a good investigation themselves. When children are to be discharged, instead of being placed in any family that happens to be available, by a busy institution superintendent who will have no time to supervise, they should be transferred to the care of a children's aid society or some other agency whose business it is to care for children in foster families.

*An outlet for critics.* The institution which cannot afford a social worker and has no child-placing agency to which it can turn, must



face the fact that it cannot hope to do satisfactory work until a solution is found. If it will first turn its attention to the careful sifting of applications, it will soon reduce the number of children received for care and thus free funds and energy for better work with those ready for discharge.

Critics who think it the duty of a children's agency to take in every child brought to its doors "and no questions asked", may well be urged to turn their attention to the strengthening of community resources looking to the preservation of the homes which will be broken up if all the children for whom application is made are accepted.

## XII. THIS QUESTION OF RECORDS

### WHY WE MUST HAVE THEM

*In justice to the child* the facts and proofs of his origin should be scrupulously preserved, for the protection of his legal and social rights and for his satisfaction in later life. Lack of a birth record may cause endless trouble. No proof of parentage may mean a lost inheritance. It sometimes happens that for a time a children's agency is the only link between different members of a family. Failure to keep information has frequently led to the various members of a household being lost to one another for all time. The individual thus left stranded in society with no known connections is apt to feel more or less of a social outcast. He is invariably tormented by a longing to know about his people.

*An adult has the right to know* all about himself; certainly no other adult should presume to withhold the information from him. To learn the truth after the age of full understanding has been reached is sometimes a serious shock. It is better for every child to grow up familiar with the main facts of his history. He need not be given every unpleasant detail, but neither should he be told anything untrue. Children who learn by chance that they have been deceived may lose confidence in those around them and become suspicious of every one.

*A change of visitors* is a catastrophe to an agency which has not good records. Valuable information may be irretrievably lost. Both child and foster family will suffer from lack of understanding and from a change of methods which may be quite unintentional. The new visitor is sure to duplicate and waste much effort before she grasps the details of the situation. The fuller the records the less the break will matter.

*From the standpoint of convenience*, dependence on memory for facts, dates, and action taken in connection with the care of a child leads to endless confusion and embarrassment and sometimes to legal

complications. If a difference arises with the child's parents or with the foster mother; if another agency asks for information; if there is a court hearing—in fact at every turn, the visitor who does not keep full records is forced to appear inaccurate and unbusinesslike.

*To work out a coherent plan* over any period without a record of the information upon which it is based and of all important steps and developments is impossible. To proceed without a record is like entering a labyrinth without the clue. To leave out important links is to allow the clue to be broken.

*The only way to measure* the past—or for that matter, the present work of a social agency is through a study of its records. If intelligently kept, records may be the source of valuable social data.

### WHAT RECORDS WE MUST HAVE

*In planning a record system* we must have an eye to the future. Lack of time and of stenographic service may preclude the possibility of ideally full records for the time being, but the framework should be provided so that as conditions improve no radical changes will be needed. Large agencies may add many other conveniences but the following is such a framework, suitable for child-placing agencies and for institutions of any size:

1. *A card index* filed alphabetically and including all families which apply for care, not merely those whose children are accepted. A separate index, preferably with a different colored card, should be used for foster homes. Cards 3 x 5 inches in size will be satisfactory for these indexes.

The family is the best unit for indexing and numbering. At the top of the card, the surname should be followed by the names of both parents and the maiden name of the mother, a complete list of the children with dates of birth appearing below. The date of application, the address and the case number complete the identifying information. Cases of remarriage should be indicated and cross indexed. It is helpful to check or underline the names of children taken into care.

2. *A record of admissions and discharges is almost indispensable.* This should show the names of all children received for care, with dates of admission and discharge, and enough other information to identify the child.

3. *A file of family folders.* These should be of heavy manila, letter size. They should be kept, if possible, in a steel filing cabinet which will lock and will be reasonably fireproof. All the records for one family should be kept in the same folder. The practice of using a separate folder for each child in care is confusing and carries the

danger of loss of identity or relationship. The habit of viewing the child as a member of a family group is a good one to cultivate even here. The family record should consist of—

*A face sheet*—Some agencies use but one for the entire family, similar to that in use by most family welfare associations, attaching to it a typed history of the initial inquiry. The face sheet issued by the Bureau of Children of the Penna. Department of Public Welfare, Form 60—Child's Record, supplied free by this Bureau, provides for combining with the individual record of each child in care a certain amount of information about the family. This information should be completely filled in for each child, not merely for the oldest or the first child received for care.

*The findings of the initial inquiry*—These may be summarized on the second page of this face sheet and should be filled in for each child. This summary represents the very minimum that should be known about a child before he is taken. If possible it should be supplemented or superseded by a record of every visit made and the information obtained.

*A record of placements* with dates of admission and discharge is provided for on the third page of the face sheet or may be kept on a separate card for ready reference. This should be accurate and kept up to date so that it will show at all times just where the child is. It should never be destroyed even after the child's discharge.

*A chronological history* of supervision. This may be begun on the fourth page of the face sheet, but in all but the shortest placements the space should be inadequate. In this case use separate sheets each headed with the child's name, numbered in order, and attached to the child's face sheet. A separate record of supervision must be kept for each child in a family unless they are placed together. To avoid the repetition of information pertaining to the family rather than to any particular child, it may be added to the initial inquiry under the proper dates, instead of to each child's record. All records should be typed if possible.

*A physical record* of each child accepted for care—A form is issued by the Bureau of Children of the Department of Welfare, which is suitable for this. In case of a second complete medical examination a second sheet must be used.

*Correspondence*—Since much of this may concern several of the children of a family it is most convenient to keep it clipped together separately in the order received. References to letters concerning him should be entered under the proper dates on each child's history. All important letters should be kept, but it saves time in the end to give the gist of a letter in the history.

*Important papers*, such as legal documents, birth records etc., may be placed in envelopes and labeled before being filed. This is also a good method of treating any very confidential information.

*Filing the folders* in alphabetical order is most practical for small or new agencies, but they should be numbered in the order in which



families come into care. This is with an eye to the future, as larger agencies file by number. Histories in active use should always be kept alphabetically and in a separate place for ready reference.

4. *The foster home record*—This, together with correspondence relating to the home should be kept in its own folder and in a separate place from the records of children. It should consist of:

*A face sheet* giving a picture of the make-up of the family with such facts as ages, nationality, religion, occupation. It should give the address with directions for reaching the home, and facts about the home such as the number of rooms, existence of yard, conveniences, location with reference to transportation, neighbors, school and church.

*A history of the inquiry* arranged chronologically and covering all interviews, with name, position of person seen and information gained. Brief descriptions of references are necessary to give an idea of the value of their opinions. In describing the visit to the home it may be helpful to use the topical headings given in section VI.

In "The Work of Child-Placing Agencies," a publication of the U. S. Children's Bureau, the following description is given of the records of a children's society. "These followed a well-developed outline and gave in each case such a clear picture of the home itself as well as of the character, education, and background of the foster parents, that the reader felt as if he really knew what manner of people the applicants were and what kind of a child would be likely to fit into their home."

Subsequent entries after a home is in use, summing up from time to time its weaknesses and good points are very much worth while. Any important changes in the household should be entered. If use of the home is discontinued the reason should be given.

*A record of children placed in a home* should be kept with dates of placement and discharge and reason for leaving. This may be kept on the back of the foster home face sheet or on a separate card. This will show at a glance how many and what children are in a home at a given time. Also how many the home has cared for altogether. With boarding homes the amount due for board monthly may be calculated in a few minutes from these cards. Also the number of days care given. It is important to enter the ages of children.

#### RECORDS ARE CONFIDENTIAL

Not only should the records themselves be guarded from improper use, but those familiar with their contents should regard them as sacred. This applies as much to the confidences of children as to those of adults, and to what is learned from references as well as from the people concerned.

This does not mean however, that practically all of the information on file should not be available to responsible representatives of

other social agencies. Without such interchange of information there can be no true working together for the welfare of the children concerned. Files should also be opened freely for impersonal study and research by accredited persons.

*When stories are used for publicity purposes, names, addresses and identifying information should never be divulged.*

### **XIII. AFTER DISCHARGE—WHAT?**

#### **WHILE THE CHILD IS AWAY**

*Preparing the home for the child's return.* It is a mistake to assume that all children for whom foster care is asked are from bad homes. As the kind of care and the expertness of the service offered by child-placing agency improve, parents of a higher type turn to them for aid. Some are able to pay all expenses. Many are quite competent to judge what is best for their children. Poor people may be cultured, and uneducated people intelligent. The finest moral qualities may be associated with dire misfortune. A request for help may imply self-sacrifice and forethought rather than incapacity. An entire absence of condescension and an open mind are first requisites, in dealing with parents.

It goes without saying that there is some lack of dislocation in the home which must give up its children. It is the plain duty of any agency which receives children for care to see that everything humanly possible is done to adjust the difficulties which have led to a child's removal from his rightful home, if the elements of such home still exist. In some cases it may be possible to leave or delegate this work of adjustment to a relief society, a health agency, the courts or someone else. If not, the children's society must accept this responsibility for its wards, otherwise it is only half doing its job.

Every resource should be exhausted in an effort to meet such needs as medical care, financial help and employment. In those cases where the parents are ignorant or irresponsible, the harder task of improving living standards must be attempted. No spectacular or sudden reforms need be looked for—re-education of adults is at best a slow and painful process, and the visitor will be unable to affect such fundamentals as intellectual endowment and industrial ability. She can, in most cases, hope to quicken in the parents a sense of responsibility for the support, health, education, moral wellbeing and happiness of the child which will help to make the home a better place for him upon his return. The visitor who is equipped to do so may assist educated as well as uninformed parents to understand and meet the peculiar problems of children who present health or conduct difficulties. In this she may be helped by the wave of "parenthood educa-

tion'' which is sweeping the country and seeping down to less educated circles. The basis for success in the work of building up better homes is a practical knowledge of social conditions and of the way people are molded by them, combined with genuine friendliness and tolerance.

*Preparing the child to go home*—If a child may sometime go back to his "folks", it is vital that he should never lose touch with them. It is possible for the affection between parents and child to be strengthened by a limited separation, if it be made an opportunity to bring home a devotion which has been taken too much for granted.

Parents should never be criticised even in the presence of a very little child. This does not mean that an attempt should be made to hide what is certainly known. No deceit should be used. A child should not be made to feel blame when his parents are the real culprits, but older children can be given an insight into their parents' struggles and hardships. Their good qualities and their need for the child's affection and help can be stressed. The child's loyalty, his desire to be of use, his protective instinct may be appealed to.

No training given a child in health habits, good manners and conduct will be quite lost when he returns home, even though he has been a reluctant subject. He may even improve when he gets home, doing better when thrown on his own responsibility. He may also pass on what he has learned to other children in the family and even to his elders.

*How the foster family can help*—The aid of the foster family should be enlisted in keeping home ties vital and wholesome. Jealousy on the part of the child's own parents cannot always be avoided, but the foster parent who knowingly causes it or tries to wean a child from his own people, is not the one for the job. Unless all contact with the child's own parents is to be broken off, it is undesirable for the child to apply the terms "mother" and "father" to the foster parents. "Uncle" and "aunt" will not arouse antagonism and will suggest the proper relationship.

Before a child whose relatives are to visit is placed, the foster parents should be told what to expect and prepare to welcome them. On the other hand, parents should be warned of the harm to the child of interference or of rousing his dissatisfaction. They should be asked to bring any complaints to the visitor.

*The influence on parents of visits* to a good foster home where they are made welcome is often more effective than anything the visitor can say or do. They absorb valuable object lessons in ways of living, methods of discipline, health matters, and ideals of conduct, which are the more effective through being unintended. If the foster parents



have won the child, the very eagerness of the parents to retain his respect and affection will stimulate them to imitation.

*Working with other agencies*—If, while the child is under care, the home is under the supervision of some other agency besides the children's society, it is of the utmost importance that the two organizations keep in close touch and work in harmony. In this connection an occasional conference should be held to discuss the situation in the home and the progress of the child, with a view to his return.

#### WHEN THE CHILD GOES HOME

*Investigation for the child's return*—Before any child whose home conditions are at all questionable is allowed to go home, an inquiry as to the present conditions in the home is in order. This should cover much the same ground as that made in choosing a foster home, but, given the proper attitude on the part of the parents, lower standards must sometimes be accepted as possible in a child's own home than in a foster home. If the home has been under the supervision of some other agency during the child's absence, both this survey of home conditions and the after care of the child may be delegated to this agency, always presupposing close cooperation. More often it will be necessary for the society caring for the child to assume responsibility for his return home.

*After temporary care* such as that given during a short illness of the mother, it will be necessary only to see that the conditions which made removal of the child imperative are thoroughly cleared up—the mother quite able to care for her family, for instance. Even after a longer period of care such as might be necessitated by sanatorium treatment for the mother, if the family is intelligent, and there is no serious poverty and the medical supervision is good, the children's agency may safely drop out.

*After prolonged care*—When an agency has cared for a child over a period of years it is morally bound to make sure that no harm results from that child's discharge. No one has the right to take a girl from unfavorable surroundings, protect and train her for years and then allow her, at the critical age of sixteen or eighteen, to drift back to a family that has ceased to feel responsible for her, and to face dangers for which she is totally unprepared. Even when children are younger or home conditions good, the loss of the friendships and associations built up through the foster home; the process of renewing old ties; the making of new ones, is hard for most of them. The closest supervision sometimes is needed to tide children over these experiences to a period of stability.

*Children entering employment*—The child who has no home and has not been virtually adopted, must remain a charge on the agency until

he becomes self-supporting. If funds are low, it may be a temptation to let him leave school as soon as the law allows, especially if he is smitten with the usual adolescent fever to get to work. This is a short-sighted policy. It is to the interest of society that every child receive all the education he can profitably take. For some this will mean merely finishing grammar school, for others high school, for still others it will call for college training. Many will need a trade training not now available in many places, but which should be diligently sought. Exceptional gifts warrant training in music or art.

If the foregoing policy has been followed, wards of an agency who are ready to become self-supporting should have some choice when it comes to their first job. Left to themselves, however, young people are apt to take the first thing that comes along, paying little attention to whether it is work for which they are fitted, or promises future advancement. They think of wages, but hours and working conditions mean little to them as yet. Here the most careful and experienced guidance is needed.

The records of the agency should afford a study of each child's aptitudes which will be valuable in steering him into the right vocation. If possible, the exceptionally gifted child as well as the unusually dull one, should be mentally tested. The child's own opinions and desires should be checked against his limitations and abilities. Other things being equal, he is most likely to succeed in the job he picks for himself, but he can be steered in his choice.

Nothing should be too much trouble at this time. Next to the period of infancy, that of adolescence and the beginning of work life is the most crucial. The child who must make his way without the backing of a family is under a terrible handicap. The least we can do for him is to smooth the way to a happy and successful vocation and help him to find the right social setting.

The choice of a boarding place for the boy or girl with no family may decide the trend of a life. If the surroundings are sordid or degrading, if opportunities for social life and wholesome companionship are lacking, failure or even tragedy may result. It is no easy task to find favorable opportunities for the boy or girl who has no home ties. It may prove still more difficult to get the child to accept them at the moment when first he feels the thrill of independence. Here the visitor who has won a child's confidence finds her reward and her chance to clinch all that has gone before.

#### IN CONCLUSION

Man is a social being. He springs from the soil of family life, from it he draws sustenance, to it he is bound by innumerable fibers. When for any reason he is uprooted, his well-being demands that he be trans-

planted and nurtured with the same tender solicitude for conditions of atmosphere, soil and sun that the careful gardener displays toward his seedlings. From infancy to adolescence the fundamental need of a human being is the opportunity for undistributed growth. A child should be deeply rooted; bound to his environment on every side by ties of interest, habit and affection. Only so can he attain the stability to withstand the storms of later life and make his fullest contribution to society.

## SUGGESTIONS FOR FURTHER READING

Books and pamphlets of interest to workers with children are so numerous and are being issued so frequently, that it is impossible to give here a complete list. There are, however, certain established sources of reference material with which every one in the child placing field should be familiar. Some of these are listed below, together with a few of the publications which deal with particular phases of child welfare.

### GENERAL SOURCES

Publications of:

American Child Health Association, 370 Seventh Avenue, New York City.

Child Study Association of America, 54 West 74th Street, New York City.

Child Welfare League of America, 130 East 22d Street, New York City.

National Mental Hygiene Committee, 370 Seventh Avenue, New York City.

Pennsylvania Department of Health, Harrisburg, Pa.

Pennsylvania Department of Welfare, Harrisburg, Pa.

United States Children's Bureau, Department of Labor, Washington, D. C.

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### I. PRINCIPLES OF CHILD CARE

Art of helping people out of trouble, The. Karl de Schweinitz. Houghton Mifflin, Boston, 1924; 231 p.

Child in America, The. William I. Thomas and Dorothy Smaile Thomas. Knopf, New York, 1928; 583 p.

Child in the foster home, The. Sophie van S. Theis and Constance Goodrich. New York School of Social Work, New York, 1921; 150 p.



- Foster home care for dependent children. Publication 136, U. S. Children's Bureau, Washington, 1924; 275 p.
- Minimum standards of child welfare. Publication 62, U. S. Children's Bureau, Washington, 1920; 16 p.
- Reconstructing behavior in youth: A study of problem children in foster families. William Healy, Augusta F. Bronner, Edith M. H. Baylor, and J. Pentice Murphy. Judge Baker Foundation Publication 5. Knopf, New York, 1929; 325 p.
- Selection of foster homes for children, The. Mary S. Doran and Bertha C. Reynolds. New York School of Special Work, New York, 1919; 74 p.
- What dependent children need. C. V. Williams and Henry W. Thurston. Child Welfare League of America, New York, Bulletin 7—reprinted 1924; 48 p.
- Work of child placing agencies, The. Publication 171, U. S. Children's Bureau, Washington, 1927; 223 p.

#### PERIODICALS

- Catholic Charities Review, The. Official magazine of National Conference of Catholic Charities and Society of St. Vincent de Paul. Monthly except July and August. Catholic Charities Review, 1103 Vermont Avenue, Washington, D. C.
- Family, The. Monthly except August and September. American Association for Organizing Family Social Work, 130 East 22d Street, New York City.
- Jewish Social Service Quarterly. Official magazine of the National Conference on Jewish Social Service, 71 West 47th Street, New York City.
- Survey, The. Two issues a month—The Survey Graphic and the Mid-monthly. Survey Associates, 112 East 19th Street, New York City.

#### II. CHILD HEALTH

- Child care—the pre-school age. Publication 30, U. S. Children's Bureau, Washington, 1922; 82 p.
- Child nutrition. Katharine A. Pritchett. Bulletin 22, Pennsylvania Department of Welfare, Harrisburg, 1925; 16 p.
- Infant care. Publication 81 (revised), U. S. Children's Bureau, Washington, 1922; 118 p.
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### III. CHILD TRAINING

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### IV. RECORDS

- Elements of record keeping for child helping organizations. Georgia G. Ralph. Russell Sage Foundation, New York, 1915; 195 p.
- Significance of children's records, The. Bulletin 32, Bureau of Children, Pennsylvania Department of Welfare, Harrisburg, 1928; 11 p.
- Sample record forms may be secured from the Pennsylvania Department of Welfare or the Child Welfare League of America.
- Sample records of admission inquiries, of foster home investigation, and of supervision of placed out children, may be borrowed from the Pennsylvania Department of Welfare.